

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90024 027 \*\*\*\*70.00

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**

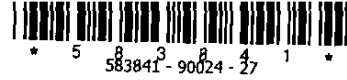


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N00368** ✓

1. Corporation Name  
**PALMETTO BROADCASTERS ASSOCIATED FOR COMMUNITIES, INC.**

Principal Place of Business 1226 ROWLAND DRIVE HERNDON VA 20170	Mailing Address 1001 WALTER LANE VERO BEACH FL 32960
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/14/1983	4. FEI Number 59-2480491 Applied For Not Applicable
9. Name and Address of Current Registered Agent RHEA, CAROLYN T 1001 WALTER LANE VERO BEACH FL 32960		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RHEA, CLAUDE H III 1226 ROWLAND DRIVE HERNDON VA 20170	1.1 TITLE	Change Addition
NAME	RHEA, CLAUDE H III	1.2 NAME	
STREET ADDRESS	1226 ROWLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA 20170	1.4 CITY-ST-ZIP	
TITLE	C RHEA, CLAUDE H. III 1226 ROWLAND DRIVE HERNDON VA 20170	2.1 TITLE	Change Addition
NAME	RHEA, CLAUDE H. III	2.2 NAME	
STREET ADDRESS	1226 ROWLAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA 20170	2.4 CITY-ST-ZIP	
TITLE	SD KEEBLER, EUGENE 1001 EAST HIGHPOINT DR. MOBILE AL	3.1 TITLE	Change Addition
NAME	KEEBLER, EUGENE	3.2 NAME	
STREET ADDRESS	1001 EAST HIGHPOINT DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	3.4 CITY-ST-ZIP	
TITLE	TD BRIGHTLY, BRIAN 3901 NE 22ND AVE LIGHTHOUSE PT FL 33064	4.1 TITLE	Change Addition
NAME	BRIGHTLY, BRIAN	4.2 NAME	
STREET ADDRESS	3901 NE 22ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	4.4 CITY-ST-ZIP	
TITLE	D ESSEX, VIRGINIA 8139 LAKE POINTE COURT PLANTATION FL 33322	5.1 TITLE	Change Addition
NAME	ESSEX, VIRGINIA	5.2 NAME	
STREET ADDRESS	8139 LAKE POINTE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	5.4 CITY-ST-ZIP	
TITLE	D FINLEY, ANITA 3 BEACHWAY N. BOYNTON BEACH FL 33435	6.1 TITLE	Change Addition
NAME	FINLEY, ANITA	6.2 NAME	
STREET ADDRESS	3 BEACHWAY N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	6.4 CITY-ST-ZIP	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claudia H. Rhea PRESIDENT 7/3/99 703-904-7310  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)