

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**95 APR 24 PM 12:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # V29583 (4)**

**1. Corporation Name  
HARRIS CLASSICAL BROADCASTING, CO.**

**Principal Place of Business Mailing Address  
5445 N. 118TH COURT 565 SANCTUARY DR  
MILWAUKEE WI 53225 LONGBOAT KEY FL 34228-3824  
US US**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 04/17/1992 3a. Date of Last Report 04/29/1994**  
**4. FEI Number 65-0335677 Applied For Not Applicable**  
**5. Certificate of Status Desired  \$8.75 Additional Fee Required**  
**6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees**  
**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No**

**2. Principal Place of Business 2a. Mailing Address**  
**21 W172 N7348 Shady Lane 26**  
**22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.**  
**23 City & State 28 City & State**  
**24 53051 25 US 29 30**

**9. Name and Address of Current Registered Agent**  
**TIRABASSI, E. RALPH  
1380 MAIN STREET  
6TH FLOOR  
SARASOTA FL 34238**

**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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>HARRIS, RICHARD H.</b>
<b>STREET ADDRESS</b>	<b>565 SACTUARY DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>LONGBOAT KEY FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>HARRIS, JESSIE LYNNE</b>
<b>STREET ADDRESS</b>	<b>565 SACTUARY DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>LONGBOAT KEY FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>P, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>		
<b>1.3 STREET ADDRESS</b>	<b>565 Sanctuary Drive</b>	
<b>1.4 CITY - ST - ZIP</b>		
<b>2.1 TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>		
<b>2.3 STREET ADDRESS</b>	<b>565 Sanctuary Drive</b>	
<b>2.4 CITY - ST - ZIP</b>		
<b>3.1 TITLE</b>	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2 NAME</b>	<b>Harris, Randall</b>	
<b>3.3 STREET ADDRESS</b>	<b>W225 N2599 Alderwood Lane</b>	
<b>3.4 CITY - ST - ZIP</b>	<b>Waukesha, WI 53186</b>	
<b>4.1 TITLE</b>	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2 NAME</b>	<b>Bishop, David</b>	
<b>4.3 STREET ADDRESS</b>	<b>W15 N838 Tower Avenue</b>	
<b>4.4 CITY - ST - ZIP</b>	<b>Cedarburg, WI 53012</b>	
<b>5.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>		
<b>5.3 STREET ADDRESS</b>		
<b>5.4 CITY - ST - ZIP</b>		
<b>6.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>		
<b>6.3 STREET ADDRESS</b>		
<b>6.4 CITY - ST - ZIP</b>		

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.**

**SIGNATURE: *Randall E Harris* 4/18/95 414 250 0883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #