


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90066 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003385

1. Corporation Name
MALRITE COMMUNICATIONS GROUP, INC.

now known as Raycom National, Inc.

Principal Place of Business 800 SKYLIGHT OFFICE TOWER 1660 W. SECOND ST. CLEVELAND OH 44113-1454 US	Mailing Address 800 SKYLIGHT OFFICE TOWER 1660 W. SECOND ST. CLEVELAND OH 44113-1454 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/23/1993		4. FEI Number 34-1743761		Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
2. Principal Place of Business 21 201 Monroe Street	2a. Mailing Address 26 201 Monroe Street	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Suite, Apt. #, etc. 22 20th Floor	Suite, Apt. #, etc. 27 20th Floor	8. This corporation owes the current-year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
City & State 23 Montgomery, AL	City & State 28 Montgomery, AL	9. Name and Address of Current Registered Agent		
Zip 24 36104	Country 25 USA	Zip 29 36104	Country 30 USA	10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALTZ, MILTON		1.2 NAME John E. Hayes	
STREET ADDRESS 800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.		1.3 STREET ADDRESS 201 Monroe Street, 20th Floor	
CITY-ST-ZIP CLEVELAND OH		1.4 CITY-ST-ZIP Montgomery, AL 36104	
TITLE PC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAFFEE, JOHN C JR		2.2 NAME Paul H. McTear, Jr.	
STREET ADDRESS 800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.		2.3 STREET ADDRESS 201 Monroe Street, 20th Floor	
CITY-ST-ZIP CLEVELAND OH		2.4 CITY-ST-ZIP Montgomery, AL 36104	
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIGHT, KEVAN A		3.2 NAME Rebecca S. Bryan	
STREET ADDRESS 800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.		3.3 STREET ADDRESS 201 Monroe Street, 20th Floor	
CITY-ST-ZIP CLEVELAND OH		3.4 CITY-ST-ZIP Montgomery, AL 36104	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARRA, NICHOLAS M		4.2 NAME Melissa D. Trapp	
STREET ADDRESS 800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.		4.3 STREET ADDRESS 201 Monroe Street, 20th Floor	
CITY-ST-ZIP CLEVELAND OH		4.4 CITY-ST-ZIP Montgomery, AL 36104	
TITLE V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREEN, MURRAY		5.2 NAME John Spinola	
STREET ADDRESS 800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.		5.3 STREET ADDRESS 4119 West Blue Heron Boulevard	
CITY-ST-ZIP CLEVELAND OH 44113		5.4 CITY-ST-ZIP West Palm Beach, FL 33404	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Rebecca Bryan Date: 2/16/99 Daytime Phone #: (334) 206-1400

CR2E034 (11/98)