

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY 12 PM 12:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000001731 (7)

1. Corporation Name
TAMPA BAY BROADCASTING, INC.



Principal Place of Business
**ONE BUCCANEER PLACE
TAMPA FL 33607**

Mailing Address
**ONE BUCCANEER PLACE
TAMPA FL 33607-5701**

3. Date Incorporated or Qualified 04/10/1995	3a. Date of Last Report 07/19/1996
4. FEI Number 65-0572491	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

g. Name and Address of Current Registered Agent

**LUBRANO, ANDREW J ESQUIRE
101 E. KENNEDY BLVD., SUITE 3700
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	GLAZER, MALCOLM I	
STREET ADDRESS	1482 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLAZER, BRYAN G	
STREET ADDRESS	ONE BUCCANEER PLACE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GLAZER, JOEL M	
STREET ADDRESS	ONE BUCCANEER PLACE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCKAY, RICHARD J	
STREET ADDRESS	ONE BUCCANEER PLACE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	300002183299-13
2.3 STREET ADDRESS	-05/19/97--01126--026
2.4 CITY-ST-ZIP	****550.00 ****550.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/20/97** DAYTIME PHONE: _____

CR2E034 (9/96)