

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003484 (1)
 1. Corporation Name
PETRACOM BROADCASTING, INC.



Principal Place of Business 1527 NORTH DALE MABRY HIGHWAY SUITE 105 LUTZ FL 33549	Mailing Address 1527 NORTH DALE MABRY HIGHWAY SUITE 105 LUTZ FL 33549-3031
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3. Date Incorporated or Qualified 07/20/1995	3a. Date of Last Report 08/07/1996
4. FEI Number 59-3324159	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 checked="" type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc. 22. City & State 23. Zip	24. Country	25. Zip	26. Mailing Address State, Apt. #, etc. 27. City & State 28. Zip	29. Country	30. Zip
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9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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 of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	ASH, HENRY A	
STREET ADDRESS	1527 NORTH DALE MABRY HIGHWAY, SUITE 105	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	TRICKEY, HOWARD	
STREET ADDRESS	1527 NORTH DALE MABRY HIGHWAY, SUITE 105	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	FRY, JOSEPH	
STREET ADDRESS	1527 NORTH DALE MABRY HIGHWAY, SUITE 105	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	COOV	<input type="checkbox"/> DELETE
NAME	GRABER, GREGORY	
STREET ADDRESS	1527 NORTH DALE MABRY HIGHWAY, SUITE 105	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARSH, CHARLENE	
STREET ADDRESS	1527 NORTH DALE MABRY HIGHWAY, SUITE 105	
CITY-ST-ZIP	LUTZ FL 33549	
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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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:  **Joseph M. Fry** 3/7/97 (813) 948-2554
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E034 (9/96)