

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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000003484 (1)**

1. Corporation Name  
**PETRACOM BROADCASTING, INC.**



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified <b>07/20/1995</b>	4. FEI Number <b>59-3324159</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country 25	29 Country 30
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9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name <b>Joseph M. Fry</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1527 North Dale Mabry Highway</b> 83 <b>Suite 105</b> 84 City <b>Lutz</b> <b>FL</b> 85 Zip Code <b>33549</b>
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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  **Joseph M. Fry, CFO/VP** DATE **01/09/98**  
Signature, typed 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 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.

SIGNATURE:  **Joseph M. Fry, CFO/VP** DATE **01/09/98** (813) 948-2554

CR2E034 (10/97)