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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000006874

	BROADCASTING SYSTEM				
Principal Pla	ice of Business	Mailing Address		1 (88)(88) (118 (813) (811) 4811 4811 4811 4811 4811	747 14117 14417 414. 744.
ONE CNN CEN	TÉR	ONE CNN CENTER			
BOX 105366 ATLANTA GA 30348-5366		BOX 105366 ATLANTA GA 30348-5366		DO NOT WRITE IN THIS SPACE	
nibilit on v	<b>~~~</b>	MIDWIN ON THE PERSON		3. Date Incorporated or Qualifed	
				12/17/1998	
	Place of Business	2a. Mailing Address Clo	marie white		Applied For
21		26 75 ROCKEFE	uer plaza	58-2016579	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	8.75 Additional Fee Required
22		27 257H R.001	<u> </u>	A Floring Commiss Financias	<del> </del>
City & St	ate	28 NEW YORK	NU	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangi	
24	25	\	o USA		Yes □No
24	9. Name and Address of Curre			10. Name and Address of New Registered Age	nt
			81 Name		
NRA	I SERVICES, INC.		82 Street Add	(D.C. Rey Number in Not Acceptable)	
526 E. PARK AVE.			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301		83			
			24 00		E Zin Codo
			84 City	FL   <sup>8</sup>	5 Zip Code
office or	r registered agent, or both, in the State	of Florida. Such change was aut	horized by the corporati	poration submits this statement for the purpose of chain on's board of directors. I hereby accept the appointment	ent as registered
office or	r registered agent, or both, in the State am familiar with, and accept the obliga E	of Florida. Such change was autations of, Section 607.0505, Flori	da Statutes.	on's board of directors. I hereby accept the appointme	ent as registered
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14. I 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, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

KENT, PHIL

ATLANTA GA

ONE CNN CENTER

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90065 038 \*\*\*150.00