FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G77631** (1)

1. Corporation Name
MINORITY MEDIA OF PAHRUMP, INC.

Principal Place of Business	Mailing Address
9881 SHERIDAN STREET (ZIP 33024) PO BOX 508 HOLLYWOOD FL 33024	9881 SHERIDAN STREET (ZIP 33024) PO BOX 508 HOLLYWOOD FL 33024

3. Date Incorporated or Qualified: 01/05/1984
3a. Date of Last Report: 01/27/1995

2. Principal Place of Business
21: 5200 NW 33rd AVE
22 Suite, Apt. #, etc.: SUITE #209
23 City & State: FT LAUDERDALE, FL
24 Zip: 33309
25 Country: USA

2a. Mailing Address
26: 5200 N.W. 33rd AVE
27 Suite, Apt. #, etc.: SUITE #209
28 City & State: FT LAUDERDALE, FL
29 Zip: 33309
30 Country: USA

4. FEI Number: 59-1489943 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, DAN
9881 SHERIDAN STREET
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 5200 N.W. 33rd AVE
83: SUITE 209
84 City: FT LAUDERDALE FL 85 Zip Code: 33309

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERLANTI, DONALD V.		1.2 NAME	
STREET ADDRESS	~~4905 DELRAY AVE.~~		1.3 STREET ADDRESS	320 PASEO DE PERALTA, SUITE H
CITY-ST-ZIP	~~BETHESDA MD~~		1.4 CITY-ST-ZIP	SANTA FE, NM 87501
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BERLANTI, RICHARD A.		2.2 NAME	
STREET ADDRESS	~~4905 DELRAY AVE.~~		2.3 STREET ADDRESS	320 PASEO DE PERALTA, SUITE H
CITY-ST-ZIP	~~BETHESDA MD~~		2.4 CITY-ST-ZIP	SANTA FE, NM 87501
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, DAN		3.2 NAME	
STREET ADDRESS	~~9881 SHERIDAN STREET~~		3.3 STREET ADDRESS	5200 NW 33rd AVE, SUITE 209
CITY-ST-ZIP	~~HOLLYWOOD FL~~		3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	DVS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GREENHAWT, JEFFREY		4.2 NAME	
STREET ADDRESS	~~9881 SHERIDAN STREET.~~		4.3 STREET ADDRESS	5200 N.W. 33rd AVE, SUITE 209
CITY-ST-ZIP	~~HOLLYWOOD FL~~		4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE	DTSV	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HILL, JOHN P.		5.2 NAME	
STREET ADDRESS	~~4905 DELRAY AVE.~~		5.3 STREET ADDRESS	7761 PATUXENT DR
CITY-ST-ZIP	~~BETHESDA MD~~		5.4 CITY-ST-ZIP	ST LEONARD, MD 20685
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 3/28/96 954-486-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #