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May 14, 1999 8:00 am
Secretary of State

05-14-1999 90001 033 ***450.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L12462**

1. Corporation Name
LICENSE CORP. NO. 2



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2828 CORAL WAY MIAMI FL 33145 US
 Mailing Address: 100 CRESCENT COURT., STE 1777 DALLAS TX 75201

3. Date Incorporated or Qualified: **08/30/1989**
 4. FEI Number: **75-2710438**
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Dallas, Texas 24 Zip: 25 75219 26 Mailing Address: 26 3102 Oak Lawn Ave. 27 Suite, Apt. #, etc. 27 Suite 215 28 City & State: 28 Dallas, Texas 29 Zip: 29 75219 30 Country: 30 USA

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: **FL** 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: *[Signature]* DATE: **4-5-99**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	TICHENOR, MCHENRY T JR	
STREET ADDRESS	100 CRESCENT COURT., STE 1777	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	HINSON, JEFFREY T	
STREET ADDRESS	100 CRESCENT COURT., STE 1777	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	COOS	<input type="checkbox"/> DELETE
NAME	LYKES, DAVID D	
STREET ADDRESS	100 CRESCENT COURT., STE 1777	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DEL CASTILLO, RICARDO	
STREET ADDRESS	100 CRESCENT COURT., STE 1777	
CITY-ST-ZIP	DALLAS TX 75201	
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	CEOP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TICHENOR, MCHENRY T JR	
1.3 STREET ADDRESS	3102 OAK LAWN AVE., STE 215	
1.4 CITY-ST-ZIP	DALLAS TX 75219	
2.1 TITLE	CFOV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HINSON, JEFFREY T	
2.3 STREET ADDRESS	3102 OAK LAWN AVE., STE 215	
2.4 CITY-ST-ZIP	DALLAS TX 75219	
3.1 TITLE	COOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LYKES, DAVID D	
3.3 STREET ADDRESS	3102 OAK LAWN AVE., STE 215	
3.4 CITY-ST-ZIP	DALLAS TX 75219	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GEROW, DAVID P	
5.3 STREET ADDRESS	3102 OAK LAWN AVE., STE 215	
5.4 CITY-ST-ZIP	DALLAS TX 75219	
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)(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.

SIGNATURE: *[Signature]* DATE: **3/30/99** (214) 525-7100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)