

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 # **P20114 (5)**
1. Corporation Name
LIGHTHOUSE BROADCASTING COMPANY OF NEW JERSEY



Principal Place of Business: **19 CANDLEWOOD TERRACE MEDFORD NJ 08055**
Mailing Address: **19 CANDLEWOOD TERRACE MEDFORD NJ 08055**

3. Date Incorporated or Qualified: **07/19/1988**
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business: **21 23 CANDLEWOOD TERRACE**
Suite, Apt. #, etc.
22 MEDFORD, N.J. 08055
City & State
23 Zip
Country
24

2a. Mailing Address: **26 23 CANDLEWOOD TERRACE**
Suite, Apt. #, etc.
27 MEDFORD N J 08055
City & State
28 Zip
Country
29

4. FEI Number: **22-2861930**
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
**LAMPERT, MICHAEL A
THE FORUM, SUITE 900
1655 PALM BECH LAKES BLVD.
WEST PALM BEACH FL 33401**

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 607.0602 and 607.1506, 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 607.0504, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	PD SCHUMACHER, NANCY M 19 CANDLEWOOD TERRACE MEDFORD NJ 08055	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		13 STREET ADDRESS	
		14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, unchanged, or on an attachment with an address.

SIGNATURE: *Nancy Schumacher* 4/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)