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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055333 (4)

SCC RADIO NETWORK CORP. Principal Place of Business Mailing Address 22124 MARTELLA AVENUE 22124 MARTELLA AVENUE **BOCA RATON FL 33433** BOCA RATON FL 33433 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1996 2. Principal Place of Business 26. Mailing Address Applied For 65-066613 26 APPLIED FOR Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent 24 Yes 25 29 9. Name and Address of Current Registered Agent -MARBIN, EVAN R ESO-Acrold Cohen 48-EAST FLAGLER STREET Street Address (P.O. Box Number is Not Acceptable) 82 PENTHOUSE 104-83 MIAMI FL-33131 --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. Thereby accept the appointment as registered agent, am familiar with, and accept the appointment as registered agent. MCCOCO COHEN
(NOTE: Registered Agent argnature required when reinstating) SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition COHEN, ARNOLD 1.2 NAME 22124 MARTELLA AVENUE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME FANGIE, FRANK 2.2 NAME 22124 MARTELLA AVENUE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE MAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

14. I hereby certify that the Information supplied with this filling 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 of on an attactment with an address.

6.4 CRY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Arnold Cohen

561-479-3045

**FILED** 

Apr 29 1998 8:00am

Secretary of State