

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 01 1997 8:00am  
Secretary of State

DOCUMENT # P93000043042 (9)

1. Corporation Name

COS-STAR BROADCASTING CORP.



Principal Place of Business

Mailing Address

MISSION DE SAN MARCO  
599 SO. COLLIER BLVD., SUITE 203  
MARCO ISLAND FL 33937  
US

462 MERRIMACK STREET  
SUITE 200  
METHUEN MA 01844-5804  
US

3. Date Incorporated or Qualified  
06/14/1993

3a. Date of Last Report  
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 601 ELKAM CIRCLE  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0423088

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 MARCO IS. FL

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 33937

Country

29 Zip

Country

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

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, FREDERICK C.  
950 N. COLLIER BLVD.  
SUITE 201  
MARCO ISLAND FL 33937

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT  
NAME COSTA, PATRICK J  
STREET ADDRESS 11 MESSINA AVENUE  
CITY-ST-ZIP METHUEN MA 01844 ☒ DELETE

1.1 TITLE PT  
1.2 NAME COSTA, PATRICK J.  
1.3 STREET ADDRESS 2677 OCEAN BLVD.  
1.4 CITY-ST-ZIP RYE BEACH, NH 03871 ☒ Change ☐ Addition

TITLE VS  
NAME COSTA, SALLY A  
STREET ADDRESS 11 MESSINA AVENUE  
CITY-ST-ZIP METHUEN MA 01844 ☒ DELETE

2.1 TITLE VS  
2.2 NAME COSTA, SALLY A  
2.3 STREET ADDRESS 2677 OCEAN BLVD.  
2.4 CITY-ST-ZIP RYE BEACH NH 03871 ☒ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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, unchanged, on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-97 508-686-9966  
Date Daytime Phone # 0000876

CR2E034 (9/96)