FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **366334** **(1)**

1. Corporation Name
WMJX, INC.

Principal Place of Business	Mailing Address
5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659	5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/24/1970**
3a. Date of Last Report: **08/24/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **13-2674442** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29 — Country — 25 / 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	V, Taxes and Finance	☐ Change ☒ Addition
NAME	CARSON, THOMAS P	1.2 NAME	Ross G. Landsbaum	
STREET ADDRESS	5700 WILSHIRE BOULEVARD	1.3 STREET ADDRESS	5700 Wilshire Boulevard, Ste 575	
CITY ST ZIP	LOS ANGELES CA 90036-3659	1.4 CITY ST ZIP	Los Angeles, CA 90036-3659	
TITLE	VSD	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, JOHN E	2.2 NAME		
STREET ADDRESS	4655 SALISBURY ROAD	2.3 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	2.4 CITY ST ZIP		
TITLE	VASD	3.1 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, THOMAS P	3.2 NAME		
STREET ADDRESS	200 S ANDREWS AVENUE	3.3 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL	3.4 CITY ST ZIP		
TITLE	SV	4.1 TITLE		☐ Change ☐ Addition
NAME	FAIRBANKS, GREGORY K	4.2 NAME		
STREET ADDRESS	200 S ANDREWS AVENUE	4.3 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL	4.4 CITY ST ZIP		
TITLE	VC	5.1 TITLE		☐ Change ☐ Addition
NAME	COUGHLAN, KATHLEEN	5.2 NAME		
STREET ADDRESS	5700 WILSHIRE BOULEVARD	5.3 STREET ADDRESS		
CITY ST ZIP	LOS ANGELES CA 90036-3659	5.4 CITY ST ZIP		
TITLE	VAS	6.1 TITLE		☐ Change ☐ Addition
NAME	BACHMANN, PETER H	6.2 NAME		
STREET ADDRESS	5700 WILSHIRE BOULEVARD	6.3 STREET ADDRESS		
CITY ST ZIP	LOS ANGELES CA 90036-3659	6.4 CITY ST ZIP		

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)(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.

SIGNATURE: John E. Ross — 5/12/95 — 904-281-4488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John E. Ross, Vice President

0393021 CP