SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

42

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **06/24/1970**
3a. Date of Last Report: **06/01/1995**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **13-2674442** ☐ 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

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 _____ DATE
Signature, typed or printed name, of registered agent and official capacity (if applicable) (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☒ DELETE	11 TITLE	V/AS	☐ Change ☒ Addition
NAME	CARSON, THOMAS P		12 NAME	Ross, John E.	
STREET ADDRESS	5700 WILSHIRE BOULEVARD		13 STREET ADDRESS	4655 Salisbury Rd., Ste 399	
CITY-ST-ZIP	LOS ANGELES CA 90036-3659		14 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VSD	☒ DELETE	21 TITLE	EV/D	☐ Change ☒ Addition
NAME	ROSS, JOHN E		22 NAME	Carson, Thomas P.	
STREET ADDRESS	4655 SALISBURY ROAD		23 STREET ADDRESS	5700 Wilshire Boulevard, Ste 575	
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	Los Angeles, CA 90036-3659	
TITLE	VASD	☒ DELETE	31 TITLE	SV/S	☐ Change ☒ Addition
NAME	HAWKINS, THOMAS P		32 NAME	Suchil, Sally	
STREET ADDRESS	200 S ANDREWS AVENUE		33 STREET ADDRESS	5700 Wilshire Boulevard, Ste 575	
CITY-ST-ZIP	FT LAUDERDALE FL		34 CITY-ST-ZIP	Los Angeles, CA 90036-3659	
TITLE	SV	☒ DELETE	41 TITLE	V/AT	☐ Change ☒ Addition
NAME	FAIRBANKS, GREGORY K		42 NAME	Landsbaum, Ross G.	
STREET ADDRESS	200 S ANDREWS AVENUE		43 STREET ADDRESS	5700 Wilshire Boulevard, Ste 575	
CITY-ST-ZIP	FT LAUDERDALE FL		44 CITY-ST-ZIP	Los Angeles, CA 90036-3659	
TITLE	VC	☒ DELETE	51 TITLE	SV/CFO/T	☐ Change ☒ Addition
NAME	COUGHLAN, KATHLEEN		52 NAME	Coughlan, Kathleen	
STREET ADDRESS	5700 WILSHIRE BOULEVARD		53 STREET ADDRESS	5700 Wilshire Boulevard, Ste 575	
CITY-ST-ZIP	LOS ANGELES CA 90036-3659		54 CITY-ST-ZIP	Los Angeles, CA 90036-3659	
TITLE	VAS	☒ DELETE	61 TITLE	P/D	☐ Change ☒ Addition
NAME	BACHMANN, PETER H		62 NAME	Bachmann, Peter H.	
STREET ADDRESS	5700 WILSHIRE BOULEVARD		63 STREET ADDRESS	5700 Wilshire Boulevard, Ste 575	
CITY-ST-ZIP	LOS ANGELES CA 90036-3659		64 CITY-ST-ZIP	Los Angeles, CA 90036-3659	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/26/96 904-281-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John E. Ross, Vice President

0126054 CP

366334

2-2

WMJX, Inc.

Attachment to Document #366334
1996 Florida Profit Corporation
Annual Report

Additional Officers

TITLE:	V
NAME:	Schneider, Lise A.
STREET ADDRESS:	5700 Wilshire Boulevard, Ste 575
CITY-ST-ZIP:	Los Angeles, CA 90036-3659
TITLE:	AS
NAME:	Bosworth, Greer C.
STREET ADDRESS:	5700 Wilshire Boulevard, Ste 575
CITY-ST-ZIP:	Los Angeles, CA 90036-3659