

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 366334 (1)
 1. Corporation Name
WMJX, INC.



Principal Place of Business 5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659	Mailing Address 5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 06/24/1970	
4. FEI Number 13-2674442		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	
9. 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		10. Name and Address of New Registered Agent			

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

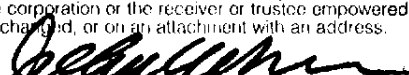
Signature, typed or printed name of registered agent and for if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARSON, THOMAS P		1.2 NAME	James J. Miller	
STREET ADDRESS	5700 WILSHIRE BOULEVARD		1.3 STREET ADDRESS	5700 Wilshire Boulevard	
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP	Los Angeles, CA	
TITLE	VAS	<input type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, JOHN E		2.2 NAME	Lise A. Schneider	
STREET ADDRESS	4655 SALISBURY ROAD		2.3 STREET ADDRESS	5700 Wilshire Boulevard	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Los Angeles, CA	
TITLE	SVS	<input type="checkbox"/> DELETE	3.1 TITLE	SV/GC/S/Admin/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCHIL, SALLY		3.2 NAME		
STREET ADDRESS	5700 WILSHIRE BLVD STE 575		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		3.4 CITY-ST-ZIP		
TITLE	VAT	<input type="checkbox"/> DELETE	4.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDSAUM, ROSS G		4.2 NAME		
STREET ADDRESS	5700 WILSHIRE BLVD STE 575		4.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		4.4 CITY-ST-ZIP		
TITLE	SVCT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUGHLAN, KATHLEEN		5.2 NAME	Greer C. Bosworth	
STREET ADDRESS	5700 WILSHIRE BOULEVARD		5.3 STREET ADDRESS	5700 Wilshire Boulevard	
CITY-ST-ZIP	LOS ANGELES CA		5.4 CITY-ST-ZIP	Los Angeles, CA	
TITLE	PD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMANN, PETER H		6.2 NAME		
STREET ADDRESS	5700 WILSHIRE BOULEVARD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:  John E. Ross, V.P. 4/21/98 904-281-4488

CR2E034 (10/97)