FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00 PROFIT* FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUN 30 AM 10: 44 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA PROGRAMMING OF FLORIDA, INC. CORPORATE Principal Place of Business Mailing Address 3a. Date of Last Report 3. Date Incorporated or Qual fied 333(2 12-1-70 2a. Mailing Address Applied For Not Applicable 26 <u>59-1308170</u> Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has Lability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARKS Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1.1ITUE Change Addition TITLE 400002232524--1 1.2 NAME NAME -07/08/97--01037--015 STREET ADDRESS 1.3 STREET ADDRESS ****330.00 ****165.00 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE 2.1 TITLE ree T. Marks, tres, & Sect. 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-7IP CITY - ST-ZIP Change Addition 3 1 TiTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-7IP CITY-ST-ZIP Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 2699 Stirling Rd # (-104 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ___ Addition 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C+1Y+S1+ZIP CITY-ST-ZIP DELFTE 5 1 11 LE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 if changed, or on an attachment with an address. 6-25-97 (954)966-2680

6.4 CITY-S1-2IP

SIGNATURE:

CHTY-ST-7IP