

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **578069** (7)
1. Corporation Name
COMMUNITY BROADCASTERS, INC.

Principal Place of Business
~~XXXXXXXXXXXX~~
1666 79TH ST. CAUSEWAY, #608
MIAMI BEACH FL 33141

Mailing Address
~~XXXXXXXXXXXX~~
1666 79TH ST. CAUSEWAY, #608
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 c/o Murray B. Weil, Jr.
Suite, Apt. #, etc.

2a. Mailing Address
26 c/o Murray B. Weil, Jr.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
07/07/1978

3a. Date of Last Report
09/29/1994

4. FEI Number
59-1848451

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**

7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

PRI, MARIA E
ONE BISCAYNE TOWER, #3400
2 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE **D**

NAME **MEEK, CARRIE**

STREET ADDRESS **6830 N.W. 28TH AVENUE**

CITY-ST-ZIP **MIAMI FL 33147**

TITLE **PS**

NAME ~~XXXXXXXXXXXX~~

STREET ADDRESS ~~XXXXXXXXXXXX~~

CITY-ST-ZIP ~~XXXXXXXXXXXX~~

TITLE **VSD**

NAME **PRI, MARIA E**

STREET ADDRESS **ONE BISCAYNE TOWER #3400, 2 S BISCAYNE BLV**

CITY-ST-ZIP **MIAMI FL 33131**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME **PD MURRAY B. WEIL, JR.**

2.3 STREET ADDRESS **1666-79th St. Causeway, Ste. 608**

2.4 CITY-ST-ZIP **Miami Beach, Florida 33141**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:
MURRAY B. WEIL, JR.

4/18/95 (305) 864-2369