FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 846529 (6)

1. Corporation Name

CONTEMPORARY COMMUNICATIONS CORPORATION

Principal Place of Business	Mailing Address
C/O MOTOROLA, INC., TAX DEPT. 1303 E. ALGONQUIN RD. SCHAUMBURG IL 60196	C/O MOTOROLA, INC., TAX DEPT. 1303 E. ALGONQUIN RD. SCHAUMBURG IL 60196

3. Date Incorporated or Qualified: 07/22/1980
3a. Date of Last Report: 04/17/1995
4. FEI Number: 88-0160055 ☐ 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

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 ____

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LEONARD, JEROME	
STREET ADDRESS	1303 E. ALGONQUIN RD.	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	D	☐ DELETE
NAME	KOENEMANN, CARL F	
STREET ADDRESS	1303 E. ALGENQUIN RD.	
CITY-ST-ZIP	SCHAUMBURB IL	
TITLE	D	☐ DELETE
NAME	WRIGHT, JAMES	
STREET ADDRESS	1303 E. ALGONQUIN RD.	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	T	☐ DELETE
NAME	MILNE, GARTH	
STREET ADDRESS	1303 E. ALGONQUIN RD.	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	S	☐ DELETE
NAME	LAWSON, A P	
STREET ADDRESS	1301 E ALGONQUIN RD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	AS	☐ DELETE
NAME	DYBALA, RAY A.	
STREET ADDRESS	1303 E. ALGONQUIN RD.	
CITY-ST-ZIP	SCHAUMBURG IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	SPIRO, STEVE	
1.3 STREET ADDRESS	1500 N.W. 22nd AVE	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33426-8252	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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

SIGNATURE: AS Ray A. Dybala — 3/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #