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

FILED Feb 12 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name F93000002629 (4) **EASTERN BROADCASTING CORPORATION** Principal Place of Business Mailing Address 14155 US HWY 1 14155 US HWY 1 SUITE 300 SUITE 300 DO NOT WRITE IN THIS SPACE JUNO BCH. FL 33408 JUNO BCH. FL 33408 HS 3. Date Incorporated or Qualified 06/07/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For P.O. Box 11793 LAKE House COURT 52-1678111 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State J. 'ra RTH City & State 6. Election Campaign Financing \$5.00 May Be 23 NORTH PAL 28 FT. PIERCE Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year intangible 30 ST. LUCIE Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** City Zip Code 85 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. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change TITLE DELETE 1.1 TITLE Addition NEUHOFF, ROGER A NAME 1.2 NAME 11793 LAKE HOUSE COURT STREET ADDRESS 1.3 STREET ADDRESS **NORTH PALM BEACH FL 33408** CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE 21 TITLE Change Addition TITLE **NEUHOFF, LOUISE H** NAME 2.2 NAME 11793 LAKE HOUSE COURT STREET ADDRESS 2.3 STREET ADDRESS **NORTH PALM BEACH FL 33408** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELFTE Change Addition TITLE 3.1 TITLE BYRNES, BRIAN N 3.2 NAME NAME 180 N. LA SALLE STREET, SUITE 2920 STREET ADDRESS 3.3 STREET ADDRESS CHICAGO IL 60601 CITY-ST-ZIP 3.4. CITY - ST - ZIP THTE E DELETE 4.1 TITLE Addition SCHWARTZ, LOUIS NAME 4 2 NAME 6920 AYR LANE STREET ADDRESS 4.3 STREET ADDRESS BETHESDA MD 20817 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 suppliemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITL€

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

1/15/98

Change

Addition