FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 16 AM 11:1(
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005283 (7)

1. Corporation Name
CORKSCREW BROADCASTING CORPORATION

Principal Place of Business	Mailing Address
% OSBORN COMMUNICATIONS CORPORATION 405 LEXINGTON AVE., 54TH FLOOR NEW YORK NY 10174	% OSBORN COMMUNICATIONS CORPORATION 405 LEXINGTON AVE., 54TH FLOOR NEW YORK NY 10174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21: 130 Mason St.
22: Suite, Apt. #, etc.
23: City & State: Greenwich CT 06830
24: Zip
25: Country

2a. Mailing Address
26: 130 Mason St.
27: Suite, Apt. #, etc.
28: City & State: Greenwich CT
29: Zip: 06830
30: Country

4. FEI Number: 65-0466131 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	OSBORN, FRANK D	1.2 NAME	
STREET ADDRESS	405 LEXINGTON AVE.	1.3 STREET ADDRESS	130 Mason St.
CITY-ST-ZIP	NEW YORK NY 10174	1.4 CITY-ST-ZIP	Greenwich CT 06830
TITLE	V	2.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	OSBORN, JOSEPHINE N	2.2 NAME	Douglas, Thomas S.
STREET ADDRESS	405 LEXINGTON AVE.	2.3 STREET ADDRESS	130 Mason St.
CITY-ST-ZIP	NEW YORK NY 10174	2.4 CITY-ST-ZIP	Greenwich CT 06830
TITLE	VT	3.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	WOLPER, BARRY M	3.2 NAME	Mangan, Michael F.
STREET ADDRESS	405 LEXINGTON AVE.	3.3 STREET ADDRESS	130 Mason St.
CITY-ST-ZIP	NEW YORK NY 10174	3.4 CITY-ST-ZIP	Greenwich CT 06830
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	O'CONNELL, MATTHEW M	4.2 NAME	
STREET ADDRESS	405 LEXINGTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10174	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	FADER, ELLEN S	5.2 NAME	
STREET ADDRESS	405 LEXINGTON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10174	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	MCDONNELL, HEATHER S	6.2 NAME	
STREET ADDRESS	405 LEXINGTON AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10174	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 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: Michael F. Mangan MICHAEL F. MANGAN 3-10-95 (203) 629-0905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0001580 CP