SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:15

DOCUMENT # **F94000001893 (6)**

1. Corporation Name

WIRELESS BROADCASTING SYSTEMS OF WEST PALM, INC.

Principal Place of Business	Mailing Address
9250 E. COSTILLA AVE., STE 325 ENGLEWOOD CO 80112	9250 E. COSTILLA AVE., STE 325 ENGLEWOOD CO 80112

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report:

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)

4. FEI Number ~~APPLIED FOR~~ 36-3942569 ☐ 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

G T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City: **FL** 65 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~CEO~~	1.1 TITLE	PRESIDENT + CEO + DIRECTOR ☒ Change ☐ Addition
NAME	KINGERY, WILLIAM	1.2 NAME	
STREET ADDRESS	312 QUINTO	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASTLE ROCK CO	1.4 CITY-ST-ZIP	
TITLE	~~CEO~~	2.1 TITLE	VICE PRESIDENT & GENERAL COUNSEL ☒ Change ☐ Addition
NAME	~~PETRIS, WALTER~~	2.2 NAME	JENNIFOR L. RICHTER
STREET ADDRESS	~~8423 SOUTH U.S. #1~~	2.3 STREET ADDRESS	9250 E. COSTILLA AVE., SUITE 325
CITY-ST-ZIP	~~PORT ST LUCIE FL~~	2.4 CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	PEDERSON, PEER	3.2 NAME	
STREET ADDRESS	161 NORTH CLARK STREET, STE 3100	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	DICKEY, JEB	4.2 NAME	
STREET ADDRESS	9250 E. COSTELLA AVENUE, STE 325	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	BUNTROCK, DEAN L	5.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON JR., GEORGE D	6.2 NAME	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP	

NO LONGER WITH COMPANY

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: Jennifer Richter 6/15/95 303-649-1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0183038 FN