

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001893 (6)**

1. Corporation Name

WIRELESS BROADCASTING SYSTEMS OF WEST PALM, INC.



Principal Place of Business

9250 E. COSTILLA AVE., STE 325
ENGLEWOOD CO 80112

Mailing Address

9250 E. COSTILLA AVE., STE 325
ENGLEWOOD CO 80112

3. Date Incorporated or Qualified 04/13/1994	3a. Date of Last Report 08/08/1995
4. FEI Number 36-3942569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 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 (type or print name of officer, director, or agent)

State Registered Agent signature (type or print name)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KINGERY, WILLIAM	
STREET ADDRESS	312 QUINTO	
CITY-STATE-ZIP	CASTLE ROCK CO	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	PETTISS, WALTER	
STREET ADDRESS	8423 SOUTH U.S. #1	
CITY-STATE-ZIP	PORT ST LUCIE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEDERSON, PEER	
STREET ADDRESS	161 NORTH CLARK STREET, STE 3100	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DICKEY, JEB	
STREET ADDRESS	9250 E. COSTELLA AVENUE, STE 325	
CITY-STATE-ZIP	ENGLEWOOD CO	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BUNTROCK, DEAN L	
STREET ADDRESS	3003 BUTTERFIELD ROAD	
CITY-STATE-ZIP	OAK BROOK IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON JR., GEORGE D	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE	
CITY-STATE-ZIP	FORT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	ROBERT DEVIETS	
13. STREET ADDRESS	2220 E. WEXFORDSTONE CIR	
14. CITY-STATE-ZIP	HIGHLANDS RANCH CO 80126	
21. TITLE	VICE PRESIDENT - GENERAL COUNSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	JENNIFER RICHTER	
23. STREET ADDRESS	9250 E. COSTILLA # 325	
24. CITY-STATE-ZIP	ENGLEWOOD CO. 80112	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-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)(k), Florida Statutes. I 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 in an attachment with an address.

SIGNATURE: *Robert Deviets* ROBERT DEVIETS ASST. SECRETARY 6/7/96 (303) 649-1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duly Qualified Person

CR2E034 (12/95)