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**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 80112-3643**

3. Date Incorporated or Qualified **04/13/1994** 3a. Date of Last Report **07/03/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	36-3942569	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	AS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVERS, ROBERT		2.2 NAME	
STREET ADDRESS	2220 E WEAHERSTONE CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLANDS RANCH CO 80126		2.4 CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDERSON, PEER		3.2 NAME	D Pederson, Peer
STREET ADDRESS	161 NORTH CLARK STREET, STE 3100		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKEY, JEB		4.2 NAME	TS Dickey, Jeb
STREET ADDRESS	9250 E. COSTILLA AVENUE, STE 325		4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO		4.4 CITY-ST-ZIP	
TITLE	✓C	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

14. I do 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 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 unchanged, or on an attachment with an address.

SIGNATURE: *Robert Devers* *ROBERT DEVERS* **4/30/97** **303-649-1195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)