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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001893
 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
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 04/13/1994	4. FEI Number 36-3942569	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name WIRELESS BROADCASTING SYSTEMS OF MELBOURNE
82 Street Address (P.O. Box Number is Not Acceptable) 4450 W. KAY GALLIE BLVD. SUITE 180
83
84 City MELBOURNE
85 Zip Code FL 32934

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: *Robert Devers* ASST SECRETARY SYSTEMS OF 5/19/99
 DATE: 5/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE AS	<input type="checkbox"/> DELETE	1.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MUEHLSTEIN, JOHN		1.2 NAME ROBERT DEVERS	
STREET ADDRESS 161 N CLARK STREET #3100		1.3 STREET ADDRESS 9250 E. COSTILLA AVE #325	
CITY-ST-ZIP CHICAGO IL 60601		1.4 CITY-ST-ZIP ENGLEWOOD CO 80112	
TITLE COO	<input checked="" type="checkbox"/> DELETE	2.1 TITLE CEO/PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILSON, SHARAN		2.2 NAME WILLIAM KINGERY	
STREET ADDRESS 9250 E COSTILLA AVENUE #325		2.3 STREET ADDRESS 9250 E COSTILLA AVE #325	
CITY-ST-ZIP ENGLEWOOD CO 80112		2.4 CITY-ST-ZIP ENGLEWOOD CO 80112	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE CFO/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCURTO, CHRIS		3.2 NAME JEB DICKEY	
STREET ADDRESS 9250 E CASTILLA AVENUE #325		3.3 STREET ADDRESS 9250 E. COSTILLA AVE #325	
CITY-ST-ZIP ENGLEWOOD CO 80112		3.4 CITY-ST-ZIP ENGLEWOOD CO 80112	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICHTER, JENNIFER		4.2 NAME PEGGY PEDERSEN	
STREET ADDRESS 9250 E. COSTILLA AVENUE, STE 325		4.3 STREET ADDRESS 161 N. CLARK STREET #3100	
CITY-ST-ZIP ENGLEWOOD CO		4.4 CITY-ST-ZIP CHICAGO, ILL 60601	
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 450 E LAS OLAS BLVD #110		6.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Robert Devers* **ROBERT DEVERS** Date: 4/30/99 (303) 649-1195
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **EXT 231**

CR2E034 (1/98)