

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

CORPORATION
ANNUAL REPORT

1995 1996



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

DOCUMENT # **F94000001895 (1)**

1. Corporation Name

WIRELESS BROADCASTING SYSTEMS OF MELBOURNE, 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

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 4450 W. GALLIE BLVD

State, Apt. #, etc

22 SUITE 180

City & State

23 MELBOURNE, FL.

Zip

24 32934

Country

2a. Mailing Address

26 State, Apt. #, etc

27 City & State

28 Zip

29 Country

30

4. FET Number

36-3942572

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. 119.032, Florida Statutes Yes No

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

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1509, 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 607.0404, Florida Statutes.

SIGNATURE

Signature of the corporation, if the corporation is a corporation

Signature of the Agent, if the agent is an individual

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KINGERY, WILLIAM
STREET ADDRESS 312 QUINTO
CITY-STATE-ZIP CASTLE ROCK CO

11 TITLE ASST SECRETARY
12 NAME ROBERT DEVEYS Change Addition
13 STREET ADDRESS 2220 G. WEATHERSTONE CIR
14 CITY-STATE-ZIP HIGHLANDS RANCH CO 80126

TITLE CEO
NAME PETISS, WALTER
STREET ADDRESS 8423 SOUTH U.S. 94
CITY-STATE-ZIP PORT ST LUCIE FL

21 TITLE VP - GENERAL COUNSEL Change Addition
22 NAME JENNIFER RICHTER
23 STREET ADDRESS 9250 EAST COSTILLA
24 CITY-STATE-ZIP ENGLEWOOD, CO 80112

TITLE SD
NAME PEDERSON, PEER
STREET ADDRESS 161 NORTH CLARK STREET, STE 3100
CITY-STATE-ZIP CHICAGO IL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE T
NAME DICKEY, JEB
STREET ADDRESS 9250 EAST COSTELLA AVENUE, STE 325
CITY-STATE-ZIP ENGLEWOOD CO

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE D
NAME JOHNSON JR, GEORGE D
STREET ADDRESS 200 SOUTH ANDREWS AVENUE
CITY-STATE-ZIP FORT LAUDERDALE FL

51 TITLE 900001884599 Change Addition
52 NAME -07/05/96--01028--002
53 STREET ADDRESS ***675.00
54 CITY-STATE-ZIP

TITLE C
NAME BUNTROCK, DEAN L
STREET ADDRESS 3003 BUTTERFIELD ROAD
CITY-STATE-ZIP OAK BROOK IL

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied by this filing is voluntarily furnished and I does not qualify for the exemption stated in Section 119.07(9)(b), 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 my name appears in Block 12 or Block 13. I am an officer or director of this 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. I am a member of the corporation and I am bound with an address.

SIGNATURE:

Robert Deveys
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST SECRETARY
ROBERT DEVEYS 6/6/96

(303) 649-1195