

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90071 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000001895**  
 1. Corporation Name  
**WIRELESS BROADCASTING SYSTEMS OF MELBOURNE, INC.**



Principal Place of Business: 4450 W GALLIE BLVD SUITE 180 MELBOURNE FL 32934 US  
 Mailing Address: 4450 W GALLIE BLVD SUITE 180 MELBOURNE FL 32934 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/13/1994**

4. FEI 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields.

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 FT. PIERCE**  
 82 Street Address (P.O. Box Number is Not Acceptable): **4450 W. EAU GALLIE BLVD**  
 83  
 84 City: **MELBOURNE** FL 85 Zip Code: **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: *[Signature]* ASST SECRETARY 5/19/99

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: AS	ASST SECRETARY	1.1 TITLE: CEO / PRESIDENT	FT. PIERCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MUEHLSTEIN, JOHN		12 NAME: WILLIAM KINGBURY	
STREET ADDRESS: 161 N CLARK STREET SUITE #3100		1.3 STREET ADDRESS: 9250 E. COSTILLA #325	
CITY-ST-ZIP: CHICAGO IL 60601		14 CITY-ST-ZIP: ENGLEWOOD CO 80112	
TITLE: COO	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WILSON, SHARAN		2.2 NAME: PETER PEDERSEN	
STREET ADDRESS: 9250 E. COSTILLA AVENUE - #325		2.3 STREET ADDRESS: 161 NORTH CLARK STREET SUITE 3100	
CITY-ST-ZIP: ENGLEWOOD CO 80112		2.4 CITY-ST-ZIP: CHICAGO ILL 60601	
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: LETS DICKY	
STREET ADDRESS: 9250 E COSTILLA AVENUE #325		3.3 STREET ADDRESS: 9250 E. COSTILLA # 325	
CITY-ST-ZIP: CHICAGO IL		3.4 CITY-ST-ZIP: ENGLEWOOD CO 80112	
TITLE: VP	<input type="checkbox"/> DELETE	4.1 TITLE: ASST SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: RICHTER, JENNIFER		4.2 NAME: ROBERT DEVETS	
STREET ADDRESS: 9250 E COSTELLA AVENUE #325		4.3 STREET ADDRESS: 9250 E. COSTILLA AVE # 325	
CITY-ST-ZIP: ENGLEWOOD CO		4.4 CITY-ST-ZIP: ENGLEWOOD, CO 80112	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSON JR, GEORGE D		5.2 NAME:	
STREET ADDRESS: 450 E LAS OLAS BLVD #110		5.3 STREET ADDRESS:	
CITY-ST-ZIP: FORT LAUDERDALE FL		5.4 CITY-ST-ZIP:	
TITLE: C	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BUNTROCK, DEAN L		6.2 NAME:	
STREET ADDRESS: 3003 BUTTERFIELD ROAD		6.3 STREET ADDRESS:	
CITY-ST-ZIP: OAK BROOK IL		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 as an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* ROBERT DEVETS 4/30/99 (303) 649-1195  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone # # 231

CR2E034 (1/198)