FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000002085 (8)**

1. Corporation Name

WIRELESS BROADCASTING SYSTEMS OF FT. PIERCE, INC

Principal Place of Business	Mailing Address
8423 S. US HWY. 1 PT. ST. LUCIE FL 33952	9250 E. COSTILLA AVE. STE. 325 ENGLEWOOD CO 80112

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report: 09/29/1995

4. FEI Number: ~~APPLIED FOR~~ 36-3942674 ☐ 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. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	ASSISTANT SECRETARY	☐ Change ☑ Addition
NAME	JOHNSON, GEORGE D JR		1.2 NAME	ROBERT DEVERS	
STREET ADDRESS	200 S. ANDREWS AVE.		1.3 STREET ADDRESS	2220 E. WEATHERSTONE CIR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	HIGHLANDS RANCH CO 80126	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KINGERY, WILLIAM		2.2 NAME		
STREET ADDRESS	312 QUINTO		2.3 STREET ADDRESS		
CITY-ST-ZIP	CASTLE ROCK CO 80104		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PEDERSEN, PEER		3.2 NAME		
STREET ADDRESS	161 N. CLARK ST., #3100		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUNTROCK, DEAN L		4.2 NAME		
STREET ADDRESS	3003 BUTTERFIELD RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL 60521		4.4 CITY-ST-ZIP		
TITLE	VGC	☐ DELETE	5.1 TITLE	100001884681	☐ Change ☐ Addition
NAME	RICHTER, JENNIFER L		5.2 NAME	-07/05/96--01028--002	
STREET ADDRESS	9250 E. COSTILLA AVE., STE. 325		5.3 STREET ADDRESS	***675.00	
CITY-ST-ZIP	ENGLEWOODIE CO 80112		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DICKEY, JEB		6.2 NAME		
STREET ADDRESS	9250 E. COASTELLA AVE., #325		6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80112		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 on an attachment with an address.

SIGNATURE: Robert Devers ASST SECRETARY ROBERT DEVERS 6/7/96 (303) 649-1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #