

FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90064 007 \*\*\*150.00

DOCUMENT # **F94000002085**

1. Corporation Name

**WIRELESS BROADCASTING SYSTEMS OF FT. PIERCE, INC**

Principal Place of Business

8423 S. US HWY. 1  
PT. ST. LUCIE FL 33952

Mailing Address

9250 E. COSTILLA AVE.  
STE. 325  
ENGLEWOOD CO 80112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1994

4. FEI Number

36-3942574

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

WIRELESS BROADCASTING SYSTEMS MELBOURNE

82 Street Address (P.O. Box Number is Not Acceptable)

4450 W. EAU GALIE BLVD. SUITE 180

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

*Robert Devarts* ASST SECRETARY WIRELESS BROADCASTING SYSTEMS OF MELBOURNE 5/19/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, GEORGE	
STREET ADDRESS	450 E LAS OLAS BLVD #110	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MUEHLSTEIN, JOHN	
STREET ADDRESS	161 N CLARK STREET #3100	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, SHARAN	
STREET ADDRESS	9250 E COSTILLA AVENUE #325	
CITY-ST-ZIP	ENGLEWOOD CO 80012	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCURTO, CHRIS	
STREET ADDRESS	9250 E COSTILLA AVENUE #325	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	VGC	<input type="checkbox"/> DELETE
NAME	RICHTER, JENNIFER L	
STREET ADDRESS	9250 E. COSTILLA AVE., STE. 325	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	DICKEY, JEB	
STREET ADDRESS	9250 E. COASTELLA AVE., #325	
CITY-ST-ZIP	ENGLEWOOD CO	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO / PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM KINGERY	
1.3 STREET ADDRESS	9250 E. COSTILLA #325	
1.4 CITY-ST-ZIP	ENGLEWOOD CO 80112	
2.1 TITLE	ASST SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT A.	
2.3 STREET ADDRESS	"	
2.4 CITY-ST-ZIP	12 #325 80112	
3.1 TITLE	not added	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOCS	
3.3 STREET ADDRESS	SUITE 2242	
3.4 CITY-ST-ZIP	7 TOWER, IL 60181	
4.1 TITLE	not added	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	no	
4.3 STREET ADDRESS	no	
4.4 CITY-ST-ZIP	no	
5.1 TITLE	not added	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	not added	
5.3 STREET ADDRESS	not added	
5.4 CITY-ST-ZIP	not added	
6.1 TITLE	not added	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	not added	
6.3 STREET ADDRESS	not added	
6.4 CITY-ST-ZIP	not added	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert Devarts* ROBERT DEVARTS

4/30/99

(303)

649-1195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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