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C T CORP	ORATION SYSTEM				
Requestor's Name 660 East Jefferson Street			11 (T)		
Address Tallahasi	see, Florida	32301		1 (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(ὑΤ?024 *****70.0
City State	Zlp	Phone			
C	ORPORATION(S) NAME			
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() Foreign		() Dissolution/With	ndrawai () Mark	•
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* APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Whitehead Broadcasting of Florida, Inc. (Name of corporation: must include the word "INCORPORATION", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate tout it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	Dolaware (State or country under the law of which it is incorporated) 3. applied fo (FEI number, if applicable)
4.	June 24, 1996 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6.	Upon Qualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7.	12144 Classic Drive, Coral Springs, Florida 33071
	(Current mailing address)
(broadcasting Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent:
	Name: <u>C T Corporation System</u>
	Office Address: Island Road System, 1200 South Pine
	Plantation , Florida, 33324 (Zip Code)
Hav des furti	Registered agent acceptance: ving been named as registered agent and to accept service of process for the above stated corporation at the place ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I her agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, I am familiar with and accept the obligation of my position as registered agent.
	C T Corporation System
	Coming Barrer
	(Registered agent's signature) (Officer) CONNIE BRYAN SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

(FL - 2189 - 11/16/94)

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors:

A.	DIRECTORS
	Chairman:
	Address:
	·
	Vice Chairman:
	Address:
	Director: Eddie L. Whitehead
	Address: 12144 Classic Drive
	Coral Springs, Florida 33071
	Director: Lynn S. Whitehead
	Address: 12144 Classic Drive
	Coral Springs, Florida 33071
В.	OFFICERS
	President: Eddie L. Whitehead
	Address: 12144 Classic Drive
	Coral Springs, Florida 33071
	Vice President: Lynn S. Whitehead
	Address: 12144 Classic Drive
	Coral Springs, Florida 33071
	Secretary: Lynn S. Whitehead
	Address: 12144 Classic Drive
	Coral Springs, Florida 33071

Tronsurer: Eddie L. Whitehead	
Address: 12144 Classic Drive	
Coral Springs, Florida 33071	
NOTE: If necessary, you may attach an addendum to the application listing additional cand/or directors.	officers
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. Eddic L. Whitehead. President (Typed or printed name and capacity of person signing application)	

Office of the Secretary of State

State of Delaware

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WHITEHEAD BROADCASTING OF FLORIDA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JULY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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2637195 8300

07-10-96

(20) HAYS STREET TALLAHASSEE, FL 3239

networks PRENTICE HASIL LEGAL & FINANCIAL SURVICES

ACCOUNT NO.

072100000032

REFERENCE :

141763

4331939

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: November 1, 1996

ORDER TIME : 3:18 PM

000001994970--0

ORDER NO. : 141763-095

CUSTOMER NO: 4331939

CUSTOMER: Kristy Hair, Legal Assistant Greenberg Traurig Hoffman 515 East Las Olas Boulevard

Suite 1500

Fort Lauderdale, FL 33301

CHANGE OF AGENT

NAME:

WHITEHEAD BROADCASTING OF

FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: DEBBIE SKIPPER



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Delivere</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is	Whitehead Brondcasting	of Floridg, Inc.
1b. The mailing address of the cor	oration is : 3970 RCA Boul	evard, Suite 7007
	Palm Beach Ga	rdens, Florida 33410-4231
1c. Date of incorporation: Septo	ber 3, 1996 Document n	umber:F96000004502
2. The name and address of the	urrent registered agent and c	office:
CT Corpor	tion System	
1200 Sout	Pine Island Road	
Plantatio	, Florida 33324	
3. The name and address of the ne		:(P.O. Box Not Acceptable)
	as Olas Boulevard, Suite	1500
	rdale, Florida 33301	1500
The street address of its register registered agent, as changed, will buch change was authorized by reso authorized by the board.		
Drie APRIL		10/19/96 (Data)
Isignature of an officer, chairman of vice chairman of the board) PDDIE L. WHITEHEA (Printed or typed name and title)	PRES.	(Date)
Having been named as registered corporation. Thereby accept the appropriate to comply with the performance of my duties, and fregistered agent.	agent and to accept service noinmentas registered agent provisions of all statutes rela n familiar with and accept	of process for the above stated and agree to act in this canacidative to the proper and complete the obligation of my position
		6/31/96 (Date)
וSignature of Registered Agent) f signing on behalf of an entity: נ. באר בסמפה		(Date)
(Typed or Printed Name)		(Capacity)
• • • •	ions, P.O. Box 6327, Tallah	
ER26Q45(11/94)		FILING FEE: \$35.00