FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000002608 (4) DOCUMENT #

FILED Feb 03 1998 8:00am Secretary of State

CHRIST	TOPHER E. HOBSON INC.								
							H ARRILAN COM HAND ARRON RADIO RADIO CANDO MARIO RADIO		
				1					
Principal Place	e of Business	M	alling Address						ter ter teat
3242 E COAST HWY 3242 E COAST HWY									
CORONA DEL MAR CA 92625 CORONA DEL MAR CA 92625					25		DO NOT WRITE IN THIS S	DACE	
]							3. Date Incorporated or Qualified	PACE	
							05/16/1997		J
2. Principal Place of Business 2a. Mailing Address							4. FE! Number		oplied For
21		26	– 1				33-0593586	-	ot Applicable
Suite, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					Additional		
22		27					5. Certificate of Status Desired		equired
City & State			City & State			-	6. Election Campaign Financing	\$5.00	Мау Ве
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country	\vdash	Zip	_	intry		8. This corporation owes or has paid the curr		
24	25	29		30					No
TAN	9. Name and Address of Curren	it Hegis	tered Agent	 -	81	Name	10. Name and Address of New Registered A	gent	
	/LOR, DAVID R					I Valitie			
1331 E LAFAYETTE ST STE C TALLAHASSEE FL 32301					82	Street Addr	s (P.O. Box Number is Not Acceptable)		
IAL	TANASSEE FL 32301				83				
						İ			
					84	City	FL	85 Zip	Code
44 Purcuant t	to the provisions of Sections 607 050	2 and 6	07 1508 Florida Statu	ites the a	baye	a-named corn		changing li	ts registered
office or re	egistered agent, or both, in the State	at Flori	da. Such change was	authorize	d by	the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	intment as	registered
l	n familiar with, and accept the obliga	ations o	r, Section 607.0505, F	iorida Sta	tutes	,			į
SIGNATURE ,	Signature, typed or printed name of registered age	nt and title	if applicable. (NO	TE. Registere	d Age	nt signature regulr	ed when reinstating) DATE		
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	CP □ DELETE		1,1 11	1.1 TITLE			Change	Addition	
NAME	HOBSON, CHRISTOPHER E			1.2 N	AME				
STREET ADDRESS	2431 MESA DRIVE			1.3 S	TREET	ADDRESS			li li
CITY+ST-ZIP	NEWPORT BEACH CA 92660			1,4 C	TY-S	T- ZIP			
TITLE	P		DELETE	2.1 17	TLE			Change	Addition (
NAME	HOBSON, CHRISTOPHER E			2.2 N	AME				
STREET ADDRESS	2431 MESA DRIVE			2.3 S	REET	ADDRESS			ļ
CITY - ST - ZIP	NEWPORT BEACH CA 92660			2.40	ITY-S	iT-ZIP		- <u>-</u> -	
TITLE	S DIAME		DELETE	3.1 TJ			:	Change	Addition
NAME	PEREZ, DIANE			3.2 N					
STREET ADDRESS	334 OGLE ST STE B COSTA MESA CA 92627			3.3 ST	REET.	ADDRESS			(
CITY - ST - ZIP	GUSTA MESA CA 92021		T DELETE		ITY - S	T-ZIP		LObresse	- Landing
TITLE			DELETE	4,1 TI		ļ	· ·	i Change	Addition
NAME				4. 2 N					l
STREET ADDRESS						ADDRESS			1
CITY - ST - ZIP			L DELETE		4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
TITLE			₹ DETEIS	ı	5.1 TITLE 5.2 NAME		•	-1 Onange	Ami Addition
NAME OVOCET ADDOCOG				•		*D00500			}
STREET ADDRESS						ADORESS			
CITY-ST-ZIP TITLE			DELETE	5.4 CI 6.1 Tr		- 2117		Change	Addition
NAME				6.2 N/					
				0.2 10/	JIVI G	- 1			I
CYDEET ADDRESS				6967	ocer .	ADDRESS			
STREET ADDRESS CITY-ST-ZIP				6.3 ST 6.4 CI		ADDRESS			}

I nereby 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 informatio 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 an all attachment with an articles.

GNATURE:

| Provided Statutes | I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes I further certify 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 an all attachment with an article | I am an officer | I am an office

SIGNATURE: