

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthagen Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **F97000003335 (3)**

1. Corporation Name

COMMUNITY BROADCASTERS ASSOCIATION, INC.



Principal Place of Business 1520 NW 79TH AVE MIAMI FL 33136	Mailing Address 1520 NW 79TH AVE MIAMI FL 33136
---	---

3. Date Incorporated or Qualified 06/25/1997
--

4. FEI Number 59-3125616	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business 21 WJAN TV Suite, Apt. #, etc. 22 1520 NW 79th Ave. City & State 23 Miami, Florida Zip 24 33136 Country 25 USA	2a. Mailing Address 26 WJAN TV Suite, Apt. #, etc. 27 1520 NW 79th Ave. City & State 28 Miami, Florida Zip 29 33136 Country 30 USA
--	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GROSSMAN, WJAN 1520 NW 79TH AVE MIAMI FL 33136
--

10. Name and Address of New Registered Agent 81 Name Sherwin Grossman 82 Street Address (P.O. Box Number is Not Acceptable) 1520 NW 79th Ave. 83 84 City Miami FL 85 Zip Code 33136

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Sherwin Grossman*
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	GROSSMAN, SHERWIN
STREET ADDRESS	1520 NW 79TH AVE
CITY-ST-ZIP	MIAMI FL 33136
TITLE	V <input type="checkbox"/> DELETE
NAME	TRUMBLY, WARREN
STREET ADDRESS	1080 LOS MOLINOS
CITY-ST-ZIP	SACRAMENTO CA 95864
TITLE	V <input type="checkbox"/> DELETE
NAME	JENSEN, DOUGLAS
STREET ADDRESS	101 SO SPENCER ST
CITY-ST-ZIP	DALTON GA 30721
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, MIKE
STREET ADDRESS	1800 ASPEN LAKE
CITY-ST-ZIP	ST CLOUD MN 56303
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HANNA, DAVID
STREET ADDRESS	PO BOX 549
CITY-ST-ZIP	HAMPTON VA 23669
TITLE	S <input type="checkbox"/> DELETE
NAME	BRUNO, RONALD
STREET ADDRESS	975 GREENTREE RD
CITY-ST-ZIP	PITTSBURG PA 15220

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ed Owen
1.3 STREET ADDRESS	PO Box 4300
1.4 CITY-ST-ZIP	Hopkinsville, KY 42240
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Greg Herman
2.3 STREET ADDRESS	6107 N. Marine Dr
2.4 CITY-ST-ZIP	Portland, OR 97203
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vernon Watson
3.3 STREET ADDRESS	3101 North R Street
3.4 CITY-ST-ZIP	Pensacola, FL 32505
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mary Beth Wilson
4.3 STREET ADDRESS	1630 S. Church Street
4.4 CITY-ST-ZIP	Murfreesboro, TN 37130
5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jud Colley
5.3 STREET ADDRESS	PO Box 9556
5.4 CITY-ST-ZIP	Panama City, FL 32407
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sherwin Grossman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)