


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90017 030 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F97000003335</b>					
1. Corporation Name <b>COMMUNITY BROADCASTERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>WJAN TV 1520 NW 79TH AVE MIAMI FL 33136 US</b>			Mailing Address <b>WJAN TV 1520 NW 79TH AVE MIAMI FL 33136 US</b>		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>06/25/1997</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-3125616</b>	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24		Zip 29		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25		Country 30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent <b>GROSSMAN, SHERWIN 1520 NW 79TH AVE MIAMI FL 33136</b>				10. Name and Address of New Registered Agent	
				81 Name <b>N/A</b>	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b>	
				85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME <b>GROSSMAN, SHERWIN</b>					
STREET ADDRESS <b>1520 NW 79TH AVE</b>					
CITY-ST-ZIP <b>MIAMI FL 33136</b>					
1.2 TITLE <input type="checkbox"/> DELETE					
NAME <b>TRUMBLY, WARREN</b>					
STREET ADDRESS <b>1080 LOS MOLINOS</b>					
CITY-ST-ZIP <b>SACRAMENTO CA 95864</b>					
1.3 TITLE <input type="checkbox"/> DELETE					
NAME <b>JENSEN, DOUGLAS</b>					
STREET ADDRESS <b>101 SO SPENCER ST</b>					
CITY-ST-ZIP <b>DALTON GA 30721</b>					
1.4 TITLE <input type="checkbox"/> DELETE					
NAME <b>OWEN, ED</b>					
STREET ADDRESS <b>P. O. BOX 4300</b>					
CITY-ST-ZIP <b>HOPKINSVILLE KY 42240</b>					
1.5 TITLE <input type="checkbox"/> DELETE					
NAME <b>HERMAN, GREG</b>					
STREET ADDRESS <b>6107 N. MARINE DR</b>					
CITY-ST-ZIP <b>PORTLAND OR 97203</b>					
1.6 TITLE <input type="checkbox"/> DELETE					
NAME <b>WATSON, VERNON</b>					
STREET ADDRESS <b>3101 NORTH R STREET</b>					
CITY-ST-ZIP <b>PENSACOLA FL 32505</b>					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME <b>SECRETARY</b>					
1.3 STREET ADDRESS <b>RONALD BRUNO</b>					
1.4 CITY-ST-ZIP <b>975 GREENTREE</b>					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP <b>PITTSBURG PA 15220</b>					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SHERWIN GROSSMAN

1/20/99 305.592.4141  
Date Daytime Phone #

CR2E037 (11/98)