


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000003540					
1. Corporation Name SFX RADIO NETWORK, INC.					

Principal Place of Business 116 EAST 27TH ST NEW YORK NY 10016	Mailing Address 116 EAST 27TH ST NEW YORK NY 10016
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent MONTIONE, KRISTINA 3765 WINKLER AVE FORT MYERS FL 33916	Please Note: Resident Agent was changed on July 6, 1999
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 07/07/1997	
4. FEI Number 23-2828323	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name CORPORATION SERVICE COMPANY	82 Street Address (P.O. Box Number is Not Acceptable) 300002955263--2
83 City TALLAHASSEE	84 State FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SASLOW, STEVEN		1.2 NAME Smith, Steven	
STREET ADDRESS RR 1, 29 J		1.3 STREET ADDRESS 650 Madison Ave	
CITY-ST-ZIP HENRYVILLE PA 18332		1.4 CITY-ST-ZIP New York, NY 10022	
TITLE VSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Director, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRODY, JUNE		2.2 NAME Tyler, Howard	
STREET ADDRESS RR 1 29 J		2.3 STREET ADDRESS 650 Madison Ave	
CITY-ST-ZIP HENRYVILLE PA 18332		2.4 CITY-ST-ZIP New York, NY 10022	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Director, Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Fennel, Michael	
STREET ADDRESS		3.3 STREET ADDRESS 650 Madison Avenue	
CITY-ST-ZIP		3.4 CITY-ST-ZIP New York, NY 10022	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Benson, Thomas	
STREET ADDRESS		4.3 STREET ADDRESS 650 Madison Ave	
CITY-ST-ZIP		4.4 CITY-ST-ZIP New York, NY 10022	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Bird, Gary	
STREET ADDRESS		5.3 STREET ADDRESS 650 Madison Ave	
CITY-ST-ZIP		5.4 CITY-ST-ZIP New York, NY 10022	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Coughlan, John	
STREET ADDRESS		6.3 STREET ADDRESS 650 Madison Ave	
CITY-ST-ZIP		6.4 CITY-ST-ZIP New York, NY 10022	

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

SIGNATURE: John Coughlan UP Tax 7/19/99 201 833-0311