2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 31, 2001 8:00 am Secretary of State

CAPSTA	MENT # F9900 R RADIO OPERATII ce of Business	-		Secretary of State 05-31-2001 90001 008 ***150.00
	Place of Business BASSE ROAD #, etc.	3. Mailing Address 200 E. BASS Suite, Apt. #, etc.	E ROAI	AD DO NOT WRITE IN THIS SPACE
City & Sta SAN AN Zip	te TONIO, TX Country	City & State SAN ANTONIO	, TX Country	4. FEI Number Applied For 13-3922738 Not Applicable
78209	USA	78209	USA	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current	Registered Agent	N:	7. Name and Address of New Registered Agent Name
		-		
1	PORATION SYSTEM		St	Street Address (P.O. Box Number is Not Acceptable)
1	OUTH PINE ISLANI	ROAD		
PLANTA	TION, FL 33324		Ci	City FL Zip Code
8. The above	named entity submits this statemen	t for the purpose of changing	its registere	ared office or registered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW: FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State				
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete .	NAME STREET ADI	1 200 B. Bridge Rolls
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADD CITY - ST - 2	200 B. B100B R01B
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADD CITY - ST - 2	T/D X Change Addition RANDALL T. MAYS DOORESS 200 E. BASSE ROAD
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADD	D X Change Addition L. LOWRY MAYS DORESS 200 E. BASSE ROAD
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADD CITY - ST - Z	V X Change Addition JULIANNA F. HILL DORESS 200 E. BASSE ROAD
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADD CITY - ST - Z	200 B: Bribbi Romb
13. 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 report or supplemental 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 11 or Block 21 Chapter 607 on an attachment with an address, with all other like empowered. SIGNATURE SIGNATURE STEPHANIE A. ROSALES O 210.821.1881				