FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 AM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08258 (0)

1. Corporation Name
NORTH MIAMI BROADCASTING SALES CORP.

Principal Place of Business
% GARY R. SASLAW
20801 BISCAYNE BLVD STE 304
NORTH MIAMI BEACH FL 33180-1422
US

Mailing Address
% GARY R. SASLAW
20801 BISCAYNE BLVD STE 304
NORTH MIAMI BEACH FL 33180-1422
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 2010 NE 120th Rd.
Suite, Apt. #, etc.
22 N. Miami
City & State
23 Fla.
Zip
24 33181
Country
25 US

2a. Mailing Address
26 2010 NE 120th Rd
Suite, Apt. #, etc.
27 N. Miami
City & State
28 Fla.
Zip
29 33181
Country
30 US

3. Date Incorporated or Qualified: 08/10/1989
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0136695 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SASLAW, GARY R.
20801 BISCAYNE BLVD, STE 304
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when name/address

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PREMER, HOWARD
STREET ADDRESS	13499 BISCAYNE BLVD
CITY-ST-ZIP	N. MIAMI FL
TITLE	D
NAME	ULLMAN, HOWARD
STREET ADDRESS	13499 BISCAYNE BLVD
CITY-ST-ZIP	N. MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — DATE

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Howard Premer HOWARD PREMER - PRES. 4-21-95 305-940-0180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107168 CM