FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jun 24 1996 8:00 am
Secretary of State

DOCUMENT # L10871

1. Corporation Name

VIVA BROADCASTING CORPORATION

Principal Place of Business
1645 N. Vine Street
2nd Floor
Los Angeles, CA 90028

Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 c/o Heftel Broadcasting	26 c/o Heftel Broadcasting
22 Suite, Apt. #, etc. 6767 West Tropicana Ave	27 Suite, Apt. #, etc. 6767 West Tropicana Ave
23 City & State Las Vegas, NV	28 City & State Las Vegas, NV
24 Zip 89103 / 25 Country USA	29 Zip 89103 / 30 Country USA

3. Date Incorporated or Qualified: 8/23/89
3a. Date of Last Report: 5/1/95
4. FEI Number: 95-4238420 ☐ 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

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD ☐ DELETE	1.1 TITLE	XX ☒ Change ☐ Addition
NAME	HEFTEL, CECIL	1.2 NAME	
STREET ADDRESS	1645 N. Vine St., 2nd Floor	1.3 STREET ADDRESS	6767 West Tropicana Avenue
CITY-ST-ZIP	Los Angeles, CA	1.4 CITY-ST-ZIP	Las Vegas, NV
TITLE	PTD ☐ DELETE	2.1 TITLE	X ☐ Change ☐ Addition
NAME	PARMER, CARL	2.2 NAME	
STREET ADDRESS	1645 N. Vine St., 2nd Floor	2.3 STREET ADDRESS	6767 West Tropicana Avenue
CITY-ST-ZIP	Los Angeles, CA	2.4 CITY-ST-ZIP	Las Vegas, NV
TITLE	VS ☐ DELETE	3.1 TITLE	X ☐ Change ☐ Addition
NAME	KENDRICK, JOHN	3.2 NAME	
STREET ADDRESS	1645 N. Vine St, 2nd Floor	3.3 STREET ADDRESS	6767 West Tropicana Avenue
CITY-ST-ZIP	Los Angeles, CA	3.4 CITY-ST-ZIP	Las Vegas, NV
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HEFTER-LIQUIDO, SUSAN	4.2 NAME	
STREET ADDRESS	1414 Mele Manu St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~Hilo, HI~~	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	XX ☒ Change ☐ Addition
NAME	HEFTEL, RICHARD D.	5.2 NAME	
STREET ADDRESS	1645 N. Vine St., 2nd Floor	5.3 STREET ADDRESS	6767 West Tropicana Avenue
CITY-ST-ZIP	Los Angeles, CA	5.4 CITY-ST-ZIP	Las Vegas, NV
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	500001874245
STREET ADDRESS		6.3 STREET ADDRESS	-06/25/96--01005--044
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***450.00

CR2E034 (12/95)

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: John Kendrick John Kendrick 6/11/96 702 284 6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #