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

DOCUMENT # **L47287** **(2)**

1. Corporation Name

WSOS-FM, INC.

Principal Place of Business	Mailing Address
2715 STRATTON ROAD ST. AUGUSTINE FL 32085 US	2715 STRATTON ROAD ST. AUGUSTINE FL 32085 US

3. Date Incorporated or Qualified: **02/02/1990**
3a. Date of Last Report: **08/02/1995**

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **59-2995907** ☐ 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

ROSEMAN, ZOE
2715 STRATTON BLVD.
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name: SMITH, MICHAEL H
82 Street Address (P.O. Box Number is Not Acceptable): 2715 STRATTON BLVD
83
84 City: ST. AUGUSTINE FL 85 Zip Code: 32095

11. Pursuant to the provisions of Section 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: MICHAEL H SMITH — Signature of New Registered Agent — DATE: 1/29/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	ROSEMAN, RONALD L.		12 NAME		
STREET ADDRESS	311 112TH AVE NE		13 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	ROSEMAN, ED		22 NAME		
STREET ADDRESS	4244 W WATERS AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE	ST	☐ Change ☒ Addition
NAME			32 NAME	SMITH, MICHAEL H	
STREET ADDRESS			33 STREET ADDRESS	311 112th AVE N.E.	
CITY-ST-ZIP			34 CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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)(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: Ed Roseman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/29/96 — Daytime Phone #: 813-886-3733