File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.



LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 PM 2: 20			
\$ 188 1. Name	.75 Ma	ike Check Payal	0.00 + \$88.75 ble To: FLOR CUMENT	RIDA DEPAR	Corporation Supplemental Fee IDA DEPARTMENT OF STATE #			IMIN 🛵 t	[] Su' In w	123/3
	ited Liability Co.	mpany DO	JUNE14 I	# L940	# L9400000177			ace of Business	Address	
COAST RADIO, L.C. 6565 NORTH W STREET STE. 270 PENSACOLA FL 32505							6565 NORTH W STREET STE. 270 PENSACOLA FL 32505			
2. Princip	al Place of Bus	iness	2a. Maii	lling Address	ng Address			ed or Qualified	3a. State of	Formation
Sulte, Apt	Sulte, Apt. #, etc.			Suite, Apt. #, etc.			04/25/1 4. FEI Number	994	FL I	Applied For
City & Sta	te		City & St	tate			63-1125541 Not Applicable			
Zip	Zip Country		Zip	Zip Countr		ry	5. Date of Last F	Report		e of Status Desired
	7. Name and Address of Current Registered			Agent			02/05/1997 Name and Address of New Registered Agent/Office			ا کا سازند
CORDO						Name			<u> </u>	
6565		GORY W W STREET			Street Address (I		P.O. Box Number is Not Acceptable)			
STE. 270 PENSACOLA FL 32505					Sulte, Apt. #, etc.					
					City			FL	Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.										
SIGNATURE								DATE <u>1-</u>	26-9.	8
10. Title Managing Members/Managers				Ţ	Business Street Address			City, State and Zip Code		
MGRM	DIAMOND, THOMAS W 6213				.3 PARKBROOK DRIVE			MOBILE AL		
MGRM	GORDON, GREGORY W			1577 1	1577 BULEVAR MENOR			PENSACOLA BEACH FL		
							400	-03/10/	/98010	1 54 2 139025 ***188.75
♥. In p										
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trusfee expowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #