2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

FILED

•	199)/	Carre	DIVISION OF COR	PORATIONS	1	97 SEP	15 AM II: 30	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee							CECINETY	to some of the some	
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECNETARY OF STATE TALLAHASSEE, FLORIDA			
1. Name and Malling Address of Limited Liability Company DOCUMENT #L9400000365									
						1a. Principal Place of Business Address			
13 SU	JITE 53	ATHER SOU		E		13577 FEATHER SOUND DRIVE SUITE 530 CLEARWATER FL 34622			
		incorrect in any way, line							
2. Principal Place of Business 2a. M				illing Address		3. Date Organize	d or Qualified	3a. State of Formation	
Suite, Apt. #, etc. Si			Suite, Ap	#. etc.	-07/29/1994 FL				
					4. FEI Number Applied For				
City & State			City & Ste	te	59-3259542 Not Applicable			able	
				10	5. Date of Last Report 6. Certificate of Status Desired				
Zip		Country	Zip	Coun	try	07/01/199	26	\$8.75 Additional Fee Required	
7. Name and Address of Current Registere				Agent		8. Name and Addr	egistered Agent	1	
					Name				
13577 FEATHER SOUND DRIVE SUITE 530 CLEARWATER FL 34622				Street Address (P.O. Box Number Suite, Apt. #, etc. City			Zip Code		
							<u> </u>		
its register	ed office o r regi red ag ent, and	istered agent, or both, in accept the obligations	n the State of Flor	ida. Such change was s	authorized by affirm	ative vote of a majority	bmits this state of the member	ement for the purpose of chang rs. I hereby accept the appointn	jirig ient
(Registered Agent Accepting Appointment) 10. Title Managing Members/Managers					ess Street Address				
10. 1100	ille Managing Members/Managers			Busine	ess Street Audress		City, State and Zip Code		
MGRM	BROADCA	AST RADIO	GROUP,	13577 FEAT	HER SOUN		.0002 .09/18	TER FL 229 7140- 8/9701080006 588.75 ****588.	- 2 75
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11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered 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: