File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 MAY -4 AM 9:51 DIVISION OF CORPORATIONS 1998 SECRETARY OF STATE TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company DOCUMENT # L96000000102 1a. Principal Place of Business Address TAMA BROADCASTING GROUP OF FLORIDA, L.C. P.O. BOX 238 121 N.W. 6TH AVENUE FORT LAUDERDALE FL 33302 FORT LAUDERDALE FL 33311 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 5X0 7 5207 Wishington Ok 01/24/1996 Suite, Apt. #, etc. 65-06885 Applied For City & State City & State Not Applicable APPLIED FOR 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 05/02/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name CHERRY, CHARLES W II Street Address (P.O. Box Number is Not Acceptable) 121 N.W. 6TH AVENUE FORT LAUDERDALE FL 33311 City Zip Code 33419 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code Managing Members/Managers 10. Title MGRM CHERRY, CHARLES W II 121 N.W. 6TH AVENUE FORT LAUDERDALE FL FORT LAUDERDALE FL MGRM CHERRY, GLENN W 121 N.W. 6TH AVENUE 200002514782---05/07/98--01014--005 \*\*\*\*188.75 \*\*\*\*188.75 APR - 5 1998/ 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. 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 eath; that I am a managing member or manager of the limited liability company or the receiver of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAN