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 98 JUN 29 AM 9: 45 Secretary of State 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Malling Address of Limited Liability Company DOCUMENT # L9600001060 1a. Principal Place of Business Address MONTI RADIO, L.C. 3000 OLSON ROAD 3000 OLSON ROAD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/09/1996 4. FEI Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3413519 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zιρ Country \$8.75 Additional Fee Hequired 05/15/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name HILL, JON Street Address (P.O. Box Number is Not Acceptable) 109 B RIDGELAND ROAD TALLAHASSEE FL 32312 Sulte, Apt. #, etc. City 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_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstaling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MCRM HUBERMAN, GISELA 8900 HARVEST SQUARE COURT POTOMAC MD MGRM LEVINSON, ADAM 3000 OLSON ROAD TALLAHASSEE FL MGRM TIMM, BRUCE 3370 CAPITAL CIRCLE NE TALLAHASSEE FL MGRM REBUS, INC. 1820 E. PARK AVE. TALLAHASSEE FL 800002564568--6 -07/09/93-01066--015 ****400.00 ****400.00 800002584568-- 8 -0?/03/38--01066--016 ****188.75 11. Ido hereby certify that the information supplied with this filling 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 oath; that I am a managing member or manager of the attachment with an address.

Turtner certify truatme information 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MARKIGING AND

6/4/98

850-385-88*1*8