Applied For

Not Applicable

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # MO7174

1. Corporation Name  BROADCASTING AND THE LA	 	
Principal Place of Business  1 S.E. 3RD AVENUE. SUITE 1450 MIAMI FL 33131-9710	Mailing Address  1 S.E. 3RD AVENUE, SUITE 1450 MIAMI FL 33131-8710	DO NOT WR
	,	3. Date Incorporated or Qualifect 10/30/1984
2. Principal Place of Business	2a. Mailing Address 26	4. FEI Number 59-2466097
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired
City & State	City & State	Election Campaign Financing     Trust Fund Contribution
Zip Country  24 25	Zip Country 29 30	This corporation owes the cur     Personal Property Tax.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90113 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>\$8.75</b> Ar			
22		City & State			6 Fleeties Compaign Financing	-	\$5.00 N	in De		
City & State City & State 28 28				Election Campaign Financing     Trust Fund Contribution		Added to	-			
Zip	Zip Country Zip Cou		Country		8. This corporation owes the curre	ent year Into				
24 25 29 30		<u> </u>	Tersonal Troporty Tax.			□No				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered .	Agent			
LEIBOWITZ, MATTHEW L. 1 S.E. 3RD AVE., SUITE 1450		81	Name				•			
		82	82 Street Address (P.O. Box Number is Not Acceptable)							
			Olice Address (1.5. Box Hallist to Net Albertal							
MIAMI FL 33131			83	<del></del>	-					
** 4						Total Zin C				
			84	City	•	FL	85 Zip C	ode		
11. Pursuant to the provisions of Sections 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										
	Signature, typed or printed name of registered agent			t signature required	ADDITIONS/CHANGES TO OF		D DIRECTOR	2S IN 12		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFF	IOLING AIN	Change	Addition		
TITLE	PD	C) DECE IE								
NAME	LEIBOWITZ, MATTHEW L.	1.2 NA								
STREET ADDRESS	1 SE 3RD AVENUE #1450		1.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST	r-zip	<u> </u>			- Addition		
TITLE	• *	☐ DELETE	2.1 TITLE				Change	Addition [		
NAME			2.2 NAME					ľ		
STREET ADDRESS	<i>'</i>		2.3 STREET	ADDRESS						
CITY-ST-ZIP			2.4 CITY-S	T-ZIP _		_				
TITLE	-	DELETE	3.1 TITLE	-		-	Change	- Addition		
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET	ADDRESS						
CITY-ST-ZIP	,		3.4. CITY-\$	T-ZIP						
TITLE		☐ DELETE	4.1 TITLE				Change	Addition		
NAME			4. 2 NAME							
STREET ADDRESS	,		4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 CITY-S					ļ		
TITLE		☐ DELETE	5.1 TITLE				Change	Addition		
NAME			5.2 NAME					Ì		
	•		5.3 STREET	ADDRESS	•			}		
STREET ADDRESS			5.4 CITY-S	Ĭ				}		
C/TY-ST-ZIP		☐ DELETE	6.1 TITLE	· <del>-</del>			Change	Addition		
TITLE	•_		6.2 NAME				-··-··-			
NAME	-			ADDRECC						
STREET ADDRESS			6.3 STREET							
CITY-ST-ZIP			6.4 CITY-ST	r-ZIP	ation 440 07(0Vi) Florida Chatatan					

14. I 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 or cyupplemental annual report is rule 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 entroystee 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, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(305) 530 -8322 Daytime Phone # CR2E034 (11/98