


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE JUNE 12 7 59:30	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000447 CENTENNIAL BROADCASTING LICENSE, LLC 3825 FORRESTGATE DRIVE, SUITE 100 WINSTON-SALEM NC 27103		1a. Principal Place of Business Address 3825 FORRESTGATE DRIVE, SUIT WINSTON-SALEM NC 27103			
2. Principal Place of Business 1850 43rd Ave Suite, Apt. #, etc. Suite C-4 City & State Vero Beach, FL Zip 32960 Country USA		2a. Mailing Address 1850 43rd Ave. Suite, Apt. #, etc. Suite C-4 City & State Vero Beach, FL Zip 32960 Country USA		3. Date Organized or Qualified 05/01/1998 4. FEI Number 56-2045451 5. Date of Last Report	
3a. State of Formation NC <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FL</div> 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 _____		
(Registered Agent/Changing Agent/Office) (If the Registered Agent signature is required, attach a separate signature page)					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGRM	CENTENNIAL BROADCASTIN	3825 FORRESTGATE DRIVE, SU	WINSTON-SALEM NC		
		500002881865-1 -05/20/99 -01085-025 ****188.75 ****188.75			
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: <u>Steven H. Watts</u>		<u>Steven H. Watts</u>		3/5/99 (336) 774-3199	