


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 APR -6 PM 5:00 SECRETARY OF STATE	
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 # M98000001447		1a. Principal Place of Business Address	
ETHNIC-AMERICAN BROADCASTING COMPANY, LLC 2 EXECUTIVE DRIVE FORT LEE NJ 07024				2 EXECUTIVE DRIVE FORT LEE NJ 07024	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
TWO EXECUTIVE DRIVE		TWO EXECUTIVE DRIVE		12/08/1998	
Suite, Apt. #, etc. 600		Suite, Apt. #, etc. 600		3a. State of Formation DE	
City & State FORT LEE NJ		City & State FORT LEE NJ		4. FEI Number 14-1732740	
Zip 07024		Zip 07024		Country USA	
Country USA		Country USA		5. Date of Last Report	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MORO, DAVID A SEE ATTACHED LIST	2 EXECUTIVE DRIVE		FORT LEE NJ	
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>Russell B. Moro</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MEMBER OR MANAGER (REQUIRED) L-15 Daytime Phone #					