FILED

Jul 29 1998 8:00am

Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9700005191 (8)

MARATHON RADIO GROUP INCORPORATED

	_				
Principal Place of Business		Malling Address	Malling Address		1 4001/194 GID (6/11 1001) 801/1 801/1 801/1 801/1 00101 01/91 1/91 1/91 1/61 1/61 1/81
6910 N.W. 2ND TERRACE BOCA RATON FL 33487		6910 N.W. 2ND TERRACE BOCA RATON FL 33487	6910 N.W. 2ND TERRACE BOCA RATON FL 33487		3. Date Incorporated or Qualified 09/12/1997
					4. FEI Number Applied For
2. Principal Piace of Business		2a. Malling Address	26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Sta	te	City & State			7. Is this nonprofit corporation a homeowners association?
Žip 24	Country 25	Zip 29	Count	у	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent	<u>' </u>		10. Name and Address of New Registered Agent
			8	1 Name	
LACY, LUCILLE A 6910 N.W. 2ND TERRACE			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33487			8	3	· · · · · · · · · · · · · · · · · · ·
			8	4 City	FL 85 Zip Code
1					
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Fiorida 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 617.0503, Florida Statutes.					
SIGNATURE Lucille Lacu (NOTE: Registered Agent and little if applicable. (NOTE: Registered Agent algnature, typed or priviled name of registered agent and little if applicable. (NOTE: Registered Agent algnature required when reinstating) DATE					
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE		Change Addition
NAME		<u> </u>	1.2 NAM		Lucille Lacy D
STREET ADDRESS					6910 ny 2nd. Terrace
CITY-ST-ZIP			1.4 CITY-		Bora Karron, Fl. 33487
TITLE	!	DELETE	2.1 TITLE 2.2 NAME		win is R. Lace □ Change □ Addition
STREET ADDRESS				ET ADDRESS	Pallo 10 M. Say Farmer
CITY-ST-ZIP			2.4 CITY-	ST-ZID	Bocc Rates Fl. 33487
TITLE		DELETE	3.1 TITLE		Change X Addition
NAME		<u></u>	3.2 NAME	7	a strategical use
STREET ADDRESS			3.3 STRE	ET ADORESS 2	2110 Gold Camp Road
CITY-ST-ZIP			3.4 CITY-	ST-ZIP (Colorado Sprios, Colorado 80906
TITLE		DELETE	4.1 TITLE	l l	Change Addition
NAME			4.2 NAME		
STREET ADORESS				ET ADDRESS	
CITY-ST-ZIP			4.4 CITY- 5.1 TITLE		
NAME		DELETE	5.2 NAME		Change Addition
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY		
TITLE		DELETE	6.1 TITLE		Change Addition

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 supplemental annual report is true 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address?

8.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

CONTURE AND TYPED OR PRINTED HAME OF BIONING OFFICER OR DIRECTOR

6/30/98 56/9/29005