FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000005191

1. Corporation Name

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90086 044 ****61.25

MARATHON RADIO GROUP INCORPORATED										1 10328	. 90ර්8	86 · 44 			
Dringinal Place	of Rusiness	Mailing Add	ress					•							
Principal Place of Business 6910 N.W. 2ND TERRACE BOCA RATON FL 33487 Mailing Address 6910 N.W. 2ND TERRACE BOCA RATON FL 33487 Mailing Address 6910 N.W. 2ND TERRACE BOCA RATON FL 33487															
2. Principal P	ace of Business	- T	2a. Mailing Address					3. Date Incorporated or Qualifed 09/12/1997							
1]		Suite Act # oto						4. FEI Number Applied For							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					- 1	NOT APPLICABLE					Not Applicable		
2 01. 9 01.	<u> </u>	City & State					-+						\$8,75 Additional		
City & Stat		├- ┐						Certificate	of Statu	s Desired		•	Req	I .	
Zip	Country	Zip	Zip Country					6. Election (Campaig	Financino	 1	\$5.1	00 x	tay Be	
Zup	25	29	3	_	,		1		nd Contril		' D		_	Fees	
4	9 Name and Address of Current			<u>"</u>			1	10. Name ar			Registe				
	o. Haine and Address of Guitain	registered Ag		- 1	81	Name									
				Ļ	4						4.41.4				
LACY, LUCILLE A					B2	Street A	Addres	s (P.O. Box N	lumber is	Not Accep	table)				
6910 N.W. 2ND TERRACE					B3		•								
BOCA RATON FL 33487						. 1									
				\ \frac{1}{2}	84	City						FL 85 Z	Zip Co	ode	
office or r agent. I a SIGNATURE	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	Florida. Such ones of, Section 6	617.0503, FIOR	ia Siaiui					ectors. I l	nereby acc			s regi	stered	
	Signature, typed or printed name of registered agent		(NOTE: R		gent	signature re	equired w	hen reinstating)	IC/CHAN	CEC TO O	DAT	TE S AND DIREC	TOF	S IN 12	
12.	OFFICERS AND			13.				ADDITION	IS/CHAN	GES TO U	FFICER	Char		Addition	
TITLE	D DELETE		□ 0ELETE	\$.1 TITLE									,ye		
NAME	LACY, LUCILLE			1.2 NAM		ì							•	ì	
STREET ADDRESS	6910 NW 2ND TERRACE			1.3 STREET ADDRESS											
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP								☐ Char		Addition		
TITLE				2.1 TITLE							Clouds	ye			
NAME	ACY, WILLIAM R.		2.2 NAME							_					
STREET ADDRESS	6910 NW 2ND TERRACE	-		1		ADDRESS				-	- ,			i	
CITY-ST-ZIP	BOCA RATON FL 33487		□ SE(ETE	2.4 CIT		-ZIP	_					Char		Addition	
TITLE	D		☐ DELETE	3.1 TITL		1	D	بمسا	0-	+-+		p <u>r</u> ∪iai	,go	- Addition	
NAME	LACY, III D	•		3.2 NAA			موملا	, Lacy,		い。江口	- .			1	
STREET ADDRESS							2110	Golde	محمار	NOL.	$ \sim $	<u>የ</u> ሰዓስ	, .		
CITY-ST-ZIP	COLORADO SPRINGS FL 80906		☐ DELETE	3,4. CIT		-ZIP	لص	oto an	Ofer	19 5, '	LL.	OUTU		Addition	
TITLE			C DETECT	4,1 1311						•		··-·	· o -		
NAME				4, 2 NA										.	
STREET ADDRESS						ADDRESS								1	
CITY-ST-ZIP			☐ DELETE	4.4 CIT		-ZIP						☐ Char		Addition	
TITLE				5.1 IIIL							-		· J -		
NAME						ADDRESS					-			1	
STREET ADORESS				5.4 CIT		1								. 1	
CITY-ST-ZIP			☐ DELETE	6.1 TITL							· · ·	Char	ngé	Addition	
TITLE			_ 0	6,2 NAA		.	!						-	_	
NAME				1		ADDRESS									
STREET ADDRESS				3,001											

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, with all other like empowered.

SIGNATURE:

1/12/99 56/9/2 9005