2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090531

Entity Name: SJA LICENSES ETC. COMPANY

FILED Apr 22, 2004 Secretary of State

| Current Bringinal Blace of Business | | | New Princ | New Principal Place of Business: | | |
|--|---|----------------------------|---|--|--|--|
| Current Principal Place of Business: 245 RIVERSIDE AVENUE, SUITE 500 JACKSONVILLE, FL 32202 New Principal Place of Business: | | | | | | |
| Current Mailing Address: | | | New Mailii | New Mailing Address: | | |
| 245 RIVERSIDE AVENUE, SUITE 500 ATTN: LEGAL DEPT. JACKSONVILLE, FL 32202 | | | | | | |
| FEI Number: 81-0569010 | | FEI Number Applied For () | FEI Number Not Appli | mber Not Applicable () Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | | |
| MARX, CHRISTINE M 245 RIVERSIDE AVENUE, SUITE 500 JACKSONVILLE, FL 32202 US | | | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | | | |
| SIGNATURE: | | | | | | |
| Electronic Signature of Registered Agent | | | | Date | | |
| Election Campaign Financing Trust Fund Contribution (). | | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | WHITLATCH, SU | AVENUE, SUITE 500 | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | DP () E MOTTA, JAMES I 7900 GLADES RO BOCA RATON, FI | OAD, STE 200 | Title: Name: Address: City-St-Zip: | DP (X) Change () Addition GREENE, WM. BRITT 245 RIVERSIDE AVE SUITE 500 JACKSONVILLE, FL 32202 | | |
| Title: Name: Address: City-St-Zip: | REGAN, MICHÁE | AVENUE, SUITE 500 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | | |
| Title: Name: Address: City-St-Zip: | PAINE, LAWREN | AVENUE, SUITE 500 | Title: Name: Address: City-St-Zip: | VS (X) Change () Addition MARX, CHRISTINE M 245 RIVERSIDE AVENUE, SUITE 500 JACKSONVILLE, FL 32202 | | |
| Title: Name: Address: City-St-Zip: | ()[| Delete | Title: Name: Address: City-St-Zip: | VAT () Change (X) Addition LASSMAN, MARK D 7900 GLADES ROAD, SUITE 200 BOCA RATON, FL 33434 | | |
| Title: Name: Address: City-St-Zip: | ()[| Delete | Title: Name: Address: City-St-Zip: | AS () Change (X) Addition GREENHUT, MIRIAM 245 RIVERSIDE AVE SUITE 500 JACKSONVILLE, FL 32202 | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN G. WHITLATCH AS 04/22/2004