FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
'95 JAN 27 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18365 (7)

1. Corporation Name
BLACKSTAR COMMUNICATIONS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~1765 N. STREET, N.W.~~ ~~SUITE 100~~ ~~WASHINGTON DC 20036~~	~~1765 N. STREET, N.W.~~ ~~SUITE 100~~ ~~WASHINGTON DC 20036~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1988
3a. Date of Last Report: 05/18/1994

2. Principal Place of Business
21 4450-L ENTERPRISE COURT
Suite, Apt. #, etc.: 22
City & State: 23 MELBOURNE, FL
Zip: 24 32934
Country: 25 USA

2a. Mailing Address
26 4450-L ENTERPRISE COURT
Suite, Apt. #, etc.: 27
City & State: 28 MELBOURNE, FL
Zip: 29 32934
Country: 30 USA

4. FEI Number: 59-2876925 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PTSD~~	1.1 TITLE	~~PRESIDENT/DIRECTOR~~ P/T/S/D/CB	☑ Change ☐ Addition
NAME	~~OXENDINE, JOHN E.~~	1.2 NAME	JOHN OXENDINE	
STREET ADDRESS	~~1637 MADISON STREET N.W.~~	1.3 STREET ADDRESS	1765 N STREET, NW, SUITE 100	
CITY-ST-ZIP	~~WASHINGTON, DC~~	1.4 CITY-ST-ZIP	WASHINGTON, DC 20036	
TITLE	~~S~~	2.1 TITLE	~~SECRETARY/TREASURER~~ V	☑ Change ☐ Addition
NAME	~~OXENDINE, JOHN~~	2.2 NAME	ED PARKER	
STREET ADDRESS	~~1637 MADISON STREET N.W.~~	2.3 STREET ADDRESS	4450-L ENTERPRISE COURT	
CITY-ST-ZIP	~~WASHINGTON, DC~~	2.4 CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	~~D~~	3.1 TITLE	~~DIRECTOR~~ D	☑ Change ☐ Addition
NAME	~~WILLIAMS, WES~~	3.2 NAME	WESLEY WILLIAMS	
STREET ADDRESS	~~1701 POPLAR LANE N.W.~~	3.3 STREET ADDRESS	1765 N STREET, NW, SUITE 100	
CITY-ST-ZIP	~~WASHINGTON, DC~~	3.4 CITY-ST-ZIP	WASHINGTON, DC 20036	
TITLE	~~V~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~PARKER, ED~~	4.2 NAME		
STREET ADDRESS	~~707 GANADIGE LANE~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~WINTER SPRINGS FL~~	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: _____ ED PARKER 1/23/95 (407) 254-4343
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0474882 FP