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

APPROVED AND FILED

95 APR 28 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19804** **(4)**

1. Corporation Name
COMBINED BROADCASTING OF MIAMI, INC.

Principal Place of Business	Mailing Address
16550 N.W. 52ND AVENUE MIAMI FL 33014	16550 N.W. 52ND AVENUE MIAMI FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/24/1988**
3a. Date of Last Report: **05/19/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **52-1574964** ☐ 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 S. 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	CD	11 TITLE	☐ Change ☐ Addition
NAME	KRIVIN, ALBERT P.	12 NAME	
STREET ADDRESS	4555 WHITE OAK AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	ENCINO CA	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	O'CONNOR, ROBERT E.	22 NAME	
STREET ADDRESS	420 N. 20TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	PHILA. PA	24 CITY-ST-ZIP	
TITLE	VST	31 TITLE	☐ Change ☐ Addition
NAME	HOLLOWAY, SHARON L.	32 NAME	
STREET ADDRESS	16550 N.W. 52ND AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ADAMS, WILLIAM J.	42 NAME	
STREET ADDRESS	11444 OLYMPIC	43 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	EMBRY, TALTON R.	52 NAME	
STREET ADDRESS	35 E. 21ST STREET	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY.	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	COMISAR, BERNARD A JERRY	62 NAME	
STREET ADDRESS	16550 NW 52ND AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 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 address.

SIGNATURE: Sharon L. Holloway, VST — 4/18/95 — 305/433-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHARON L. HOLLOWAY

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