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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:26

DOCUMENT # P22837 (9)

1. Corporation Name
NELSON BROADCASTING CORPORATION

Principal Place of Business	Mailing Address
405 LEXINGTON AVE 54TH FL NEW YORK NY 10174	405 LEXINGTON AVE 54TH FL NEW YORK NY 10174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1989	3a. Date of Last Report: 03/22/1994
4. FEI Number: 13-3358975	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 130 Mason St.	26 130 Mason St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Greenwich CT	28 City & State: Greenwich CT 06830
24 Zip: 06830 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 change(s) 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: _____ (Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☒ Addition
NAME	WOLPER, BARRY M.	12 NAME	Douglas, Thomas S.
STREET ADDRESS	405 LEXINGTON AVE	13 STREET ADDRESS	130 Mason St.
CITY-ST-ZIP	NEW YORK NY 10174	14 CITY-ST-ZIP	Greenwich CT 06830
TITLE	S	21 TITLE	☐ Change ☒ Addition
NAME	MCDONNELL, HEATHER L	22 NAME	Mangan, Michael F.
STREET ADDRESS	405 LEXINGTON AVE	23 STREET ADDRESS	130 Mason St.
CITY-ST-ZIP	NEW YORK NY 10174	24 CITY-ST-ZIP	Greenwich CT 06830
TITLE	P	31 TITLE	☒ Change ☐ Addition
NAME	OSBORN, FRANK D	32 NAME	
STREET ADDRESS	405 LEXINGTON AVE	33 STREET ADDRESS	130 Mason St.
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	Greenwich CT 06830
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: J. Michael J. Mangan 3-10-95 (203) 629-0505
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0001000 CP