

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39859** (4)

1. Corporation Name
JUNE BROADCASTING, INC.

Principal Place of Business ONE INDEPENDENCE PLAZA 280 HIGHWAY 35 MIDDLETOWN NJ 07701	Mailing Address ONE INDEPENDENCE PLAZA 280 HIGHWAY 35 MIDDLETOWN NJ 07701-5800
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2. Principal Place of Business 21 1687 Quintet Road Suite, Apt. #, etc.		2a. Mailing Address 26 400 Perimeter Ctr Terrace Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/30/1992	3a. Date of Last Report 06/17/1996
22 City & State 23 Pace, FL Zip Country 24 32571 25 USA		27 #410 28 Atlanta GA Zip Country 29 30346 30 USA		4. FEI Number 22-3174960	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEMS, INC. 1201 HAYS ST. 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C DYSON, ROBERT R	1.2 NAME	
STREET ADDRESS	585 FIFTH AVE. FOURTH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PCEO WESLEY, JAMES W	2.2 NAME	
STREET ADDRESS	400 PERIMETER CENTER TERRACES, STE 75	2.3 STREET ADDRESS	400 Perimeter Center Terrace, Ste 410
CITY-ST-ZIP	ATLANTA GA 30346	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP STRAWN, JAMES M	3.2 NAME	
STREET ADDRESS	400 PERIMETER CENTER TERRACES, STE 75	3.3 STREET ADDRESS	400 Perimeter Center Terrace, Ste 410
CITY-ST-ZIP	ATLANTA GA 30346	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPT HEFFELFINGER, ROGER P	4.2 NAME	
STREET ADDRESS	400 PERIMETER CENTER TERRACES, STE 75	4.3 STREET ADDRESS	400 Perimeter Center Terrace, Ste 410
CITY-ST-ZIP	ATLANTA GA 30346	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPC DIXON, PATRICK W	5.2 NAME	Sarah Pattison
STREET ADDRESS	400 PERIMETER CENTER TERRACES, STE 75	5.3 STREET ADDRESS	400 Perimeter Center Terrace, Ste 410
CITY-ST-ZIP	ATLANTA GA 30346	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP CAULEY, BRUCE A	6.2 NAME	
STREET ADDRESS	585 FIFTH AVE. 4TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sarah Pattison **Sarah Pattison** 3-31-97 770 391-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)