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

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 15 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036771

1. Corporation Name

TWIN TOWERS BROADCASTING, INC.

REINSTATEMENT 96-99 ad

Principal Place of Business	Mailing Address
1800 Turtle Mound Road Melbourne, FL 32934	1800 Turtle Mound Road Melbourne, FL 32934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/93

4. FEI Number: 65-0426202 — 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

John E. Harper
1800 Turtle Mound Road
Melbourne, FL 32934

10. Name and Address of New Registered Agent

81 Name: James L. Reinman
82 Street Address (P.O. Box Number is Not Acceptable): 1825 Riverview Drive
83
84 City: Melbourne FL 85 Zip Code: 32901

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: JAMES L. REINMAN 03/10/99
(Typed or printed name of registered agent and title if applicable) (NOTE: Required if Applicable) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	[ ] Change [ ] Add
NAME: John E. Harper	500002807575--7
STREET ADDRESS: 12022 N.W. 13th Street	-03/16/99--01048--009
CITY-ST-ZIP: Pembroke Pines, FL 33026	***1200.00 ***1200.00
TITLE: [ ] DELETE	TITLE: D [ ] Change [X] Add
NAME:	NAME: Bruce Berkowitz
STREET ADDRESS:	STREET ADDRESS: 11401 N.W. 19th Street
CITY-ST-ZIP:	CITY-ST-ZIP: Plantation, FL 33323
TITLE: [ ] DELETE	TITLE: D [ ] Change [X] Add
NAME:	NAME: Richard S. Kleiman
STREET ADDRESS:	STREET ADDRESS: 350 N. Pine Island Road
CITY-ST-ZIP:	CITY-ST-ZIP: Plantation, FL 33324
TITLE: [ ] DELETE	TITLE: D [ ] Change [X] Add
NAME:	NAME: Marshall Moore
STREET ADDRESS:	STREET ADDRESS: 7130 N.W. 45th Court
CITY-ST-ZIP:	CITY-ST-ZIP: Lauderhill, FL 33319
TITLE: [ ] DELETE	[ ] Change [ ] Add
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: [ ] DELETE	[ ] Change [ ] Add
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

CR2E034 (11/98)

14. I 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 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, with all other like empowered.

SIGNATURE: Bruce Berkowitz, Director 03/11/99 (954)473-6344
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR