

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

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000043042 (9)

1. Corporation Name
COS-STAR BROADCASTING CORP.



Principal Place of Business
MISSION DE SAN MARCO
599 SO. COLLIER BLVD., SUITE 203
MARCO ISLAND FL 33937
US

Mailing Address
462 MERRIMACK STREET
SUITE 200
METHUEN MA 01844-5804
US

3. Date Incorporated or Qualified
06/14/1993

3a. Date of Last Report
03/26/1996

2. Principal Place of Business
21 601 ELKCAM CIRCLE
Suite, Apt. #, etc.
22
City & State
23 MARCO IS. FL
Zip
24 33937 Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

4. FEI Number
65-0423088 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
KRAMER, FREDERICK C.
950 N. COLLIER BLVD.
SUITE 201
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	COSTA, PATRICK J	
STREET ADDRESS	11 MESSINA AVENUE	
CITY-ST-ZIP	METHUEN MA 01844	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	COSTA, SALLY A	
STREET ADDRESS	11 MESSINA AVENUE	
CITY-ST-ZIP	METHUEN MA 01844	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COSTA, PATRICK J.	
1.3 STREET ADDRESS	2677 OCEAN BLVD.	
1.4 CITY-ST-ZIP	RYE BEACH, NH 03871	
2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COSTA, SALLY A	
2.3 STREET ADDRESS	2677 OCEAN BLVD.	
2.4 CITY-ST-ZIP	RYE BEACH NH 03871	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 in an attachment with an address.

SIGNATURE _____ DATE 3-26-97 DAYTIME PHONE # 508-686-9966

CR2E034 (9/96)