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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

P93000050522 (0)

CIRCLE BROADCASTING OF AMERICA, INC.

FILED May 01 1996 8:00 am Secretary of State



1	ce of Business	Mailing Address				YBY #140 BB (B) B)(/# 14840 (JB)
9373 W SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33067		9373 W SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33067				
2 Principal F	Place of Business	4		 Date Incorporated or Out 07/20/1993 	alified 3a. Da	ate of Last Report 07/14/1995
21	inder of Edsiriess	2a. Mailing Address	S	4. FEI Number 65-0591544	·	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, e	to.			Not Applica
City & Stat	e	27		5. Certificate of Status Desi	ired	\$8.75 Additional Fee Required
23		City & State		6. Election Campaign Finan		\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	L	Added to Fees
24	25	29	30	8. This corporation has fiable	lity for intangible	tax under s 199.032,
	Name and Address of Cu	rrent Registered Agent		Florida Statutes 10. Name and Address of]Yes ∏No	4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
•		7.1.7.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	81 Nam	C. Nome and Address of	wew Hegistered	Agent
	IDA, NESTOR C					
	W 86 WAY		82 Stree	t Address (P.O. Box Number is Not Ac	ceptable)	
CORAL	L SPRINGS FL 33067		83			· · · · · · · · · · · · · · · · · · ·
			84 City		FL	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida St	at ute s, the above named o	corporation submits this statement for the spound of directors. Thereby accept the	PA PUROSOS OF PA	-
familiar wit	th, and accept the obligations of, S	ection 607,0505, Florida Stat	norized by the corporation ^e	corporation submits this statement for the board of directors. Thereby accept the	e appointment as	ianging its registered offi s registered agent. I arn
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered a	gers and little diapysteanle.	(NOTE_Flogistered Agent signature	required when reinstating)		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS.	AND DIRECTORS	NOTE Flogistered Agent signature 13.		DATE OFFICERS AND	DIPECTORS IN 10
SIGNATURE 12. TITLE	Sepreture, 153-ed or printed name of registered a OF FICE HS .	gore ann litte d'applicable. AND DIRECTORS		required when reinstating). ADDITIONS/CHANGES TO	OFFICERS AND	
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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 appears in Block 12 or Block 13 if changed, or on an another with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTS

President/Director 4/30/96 (954) 752 484