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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011347 (9)

Principal Place of Business	Mailing Address	
37905 WDCF DRIVE	37905 WDCF DRIVE	
DADE CITY FL 33525	DADE CITY FL 33525	

FILED May 21 1998 8:00am Secretary of State

ZEPHYR BROADCASTING, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3230660 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLLINS, LORI 37905 WDCF DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 DADE CITY FL 33525 83 City 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 Signature, typed or printed name of registered agent and title if applicable (NO1): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11 TITLE Addition NAME HUFF, JUDY 1.2 NAME 1102 SUNSHINE AVENUE STREET ADDRESS 1.3 STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME HUFF, EARL 2.2 NAME 1102 SUNSHINE AVENUE STREET ADDRESS 2.3 STREET ADDRESS MDON FL 33511 2. 4 CHY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change MAGGIO, JEFF NAME 3.2 NAME 37905 WDCF DRIVE STREET ADDRESS 3.3 STREET ADDRESS DADE CITY FL 33525 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE STD 4.1 TITLE **COLLINS, LORI** NAME 4. 2 NAME STREET ADDRESS 37905 WDCF DRIVE 4.3 STREET ADDRESS DADE CITY FL 33525 CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 City-St-ZiP CITY-ST-ZIP

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation in the receiver or trustee empreyada to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attack much with a padd ass.

4/20/98