FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Jun 24 1996 8:00 am
Secretary of State

DOCUMENT # P94000021554

1. Corporation Name

VIVA ACQUISITION CORPORATION

Principal Place of Business
1645 N. Vine Street
2nd Floor
Hollywood, CA 90028

Mailing Address

3. Date Incorporated or Qualified: 3/21/94
3a. Date of Last Report: 8/23/95

2. Principal Place of Business
21 6767 West Tropicana Ave
Suite, Apt. #, etc
22 c/o Heftel Broadcasting
City & State
23 Las Vegas, NV
Zip 24 89103
Country 25 USA

2a. Mailing Address
26 6767 WCst Tropicana Ave
Suite, Apt. #, etc
27 c/o Heftel Broadcasting
City & State
28 Las Vegas, NV
Zip 29 89103
Country 30 USA

4. FEI Number 65-0477686 — 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
CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning)

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HEFTEL, CECIL		1.2 NAME	
STREET ADDRESS	1645 N. Vine Str., Suite 200		1.3 STREET ADDRESS	6767 West Tropicana Avenue
CITY-ST-ZIP	Hollywood, CA 90028		1.4 CITY-ST-ZIP	Las Vegas, NV 89103
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	PARMER, CARL		2.2 NAME	
STREET ADDRESS	1645 N. Vine Str., Suite 200		2.3 STREET ADDRESS	6767 West Tropicana Avenue
CITY-ST-ZIP	Hollywood, CA 90028		2.4 CITY-ST-ZIP	Las Vegas, NV 89103
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	HEFTEL, RICHARD		3.2 NAME	
STREET ADDRESS	1645 N. Vine Str, Suite 200		3.3 STREET ADDRESS	6767 West Tropicana Avenue
CITY-ST-ZIP	Hollywood, CA 90028		3.4 CITY-ST-ZIP	Las Vegas, NV 89103
TITLE	D	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LIQUIDO-HEFTEL, SUSAN		4.2 NAME	
STREET ADDRESS	1414A Mel Manu		4.3 STREET ADDRESS	
CITY-ST-ZIP	Hilo, HI 96720		4.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	KENDRICK, JOHN T.		5.2 NAME	
STREET ADDRESS	1645 N. Vine Str, Suite 200		5.3 STREET ADDRESS	6767 West Tropicana Avenue
CITY-ST-ZIP	Hollywood, FL 90028		5.4 CITY-ST-ZIP	Las Vegas, NV 89103
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	200001874242
STREET ADDRESS			6.3 STREET ADDRESS	-06/25/96--01005--044
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***450.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John Kendrick — John Kendrick — 6/11/96 (Date) — 702-284-6446 (Daytime Phone #) — 6/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR