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Sep 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000053135 (7)
 #. Corporation Name
 TELECAST OF FLORIDA, INC.

Principal Place of Business 2528 CALDER AVENUE BEAUMONT, TX 77702	Mailing Address 2528 CALDER AVENUE BEAUMONT, TX 77702
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7/19/94

2. Principal Place of Business 21 100 MATSONFORD ROAD	2a. Mailing Address 26 100 MATSONFORD ROAD	4. FEI Number 76-0463923	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 SUITE 454	Suite, Apt. #, etc. 27 SUITE 454	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 RADNOR, PA	City & State 28 RADNOR, PA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 19087	Country 25 USA	Zip 29 19087	Country 30 USA
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN MARSHALL W. PAGON <input type="checkbox"/> DELETE 100 MATSONFORD ROAD RADNOR, PA 19087	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S.V.P./CFO ROBERT N. VERDECCHIO <input type="checkbox"/> DELETE 100 MATSONFORD ROAD RADNOR, PA 19087	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S.V.P./GEN.COUNS TED S. LODGE <input type="checkbox"/> DELETE 100 MATSONFORD ROAD RADNOR, PA 19087	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXEC.VP ALFRED TANKSLEY <input type="checkbox"/> DELETE 100 MATSONFORD ROAD RADNOR, PA 19087	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXEC. VP GILBERT J. HOBAN <input type="checkbox"/> DELETE 100 MATSONFORD ROAD RADNOR, PA 19087	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOWARD E. VERLIN <input type="checkbox"/> DELETE 100 MATSONFORD ROAD RADNOR, PA 19087	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400002639024 -03/14/98--01142--044 ***550.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)