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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DOMODORSOMS (5)

MILAGRO BROADCASTING CORPORATION  Principal Place of Business  402 FAIRWAY DR NORTH JUPITER FL 33477  Mailing Address  C/O ANTELLO 1360 N. LAKESHORE DRIVE. APT 2209 CHICAGO IL 60610-2160 US								3. Date Incorporated or Qualified 3a. Date of Last Report				
				00	•			11/29/1994 03/22/1996				ŀ
_	Principal Pl	lace of Busir	ness	2a. Mailing Address	<del></del>			4. FEI Number		Ap	plied For	1
21	Suite, Apt. #, etc.			26 Suite Apt # etc	Suite, Apt #, etc.			65-0539086 Not Applicable \$8.75 Additional				
22	<b>-</b>			<b>├</b> ¬	27			5. Certificate of Status Desired		Fee Re		
	City & State			City & State				6. Election Campaign Financing \$5.00 May Be				1
23				28				Trust Fund Contribution Added to Fees				
_	Zip		Country	Z <sub>I</sub> p	<del>-</del>			8. This corporation has liability for intangible tax under s. 199.032,				
24		25 25 Name and Address of Curren		29 at Baristored Agent				Florida Statutes  10. Name and Address of New Re	Yes			4
-	OI IC	CKMAN, GA		iii negistereo Agent		81	Name	IV. Name and Address of New No	gratered	Agent		-
1601 FORUM PLACE SUITE 1101 WEST PALM BEACH FL 33401						82	Cleant Add	(D.O. D. M				4
							Street Add	Iress (P.O. Box Number is Not Acceptat	ле) 			
						83						
						84	City			<b>85</b> Zip (	Code	$\dashv$
-	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida. Such change was authorize							poration submits this stalement for the	FL		e societored	
} ''	Office or re	egistered ag	ont, or both, in the State	e of Florida, Such change pations of, Section 607.050	was authorize	ed by	the corpora	tion's board of directors. I hereby acce	pt the ap	poi∩tment as	registered	Ì
QI/	GNATURE .	THE OBJECT WAS	in, and accept the oblig	100 of 00000 001.000	o, monda die	aunoa						-
		Signature, typed	or printed name of registered ag-				nt signature requ	ired when reinstating)	DATE			_ ا
12.		<u> </u>	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	CERS AN		S IN 12 Addition	- 8
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Low nevery certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is ruce 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 opporation 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 attacking it with an address.

FILED

Feb 10 1997 8:00am

Secretary of State