

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

FILED
May 01 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 # **P95000014020 (8)**

1. Corporation Name

PALM BEACH RADIO BROADCASTING, INC.



Principal Place of Business

**801 NE 167TH STREET STE. 300
NO. MIAMI BEACH FL**

Mailing Address

**801 NE 167TH STREET STE. 300
NO. MIAMI BEACH FL**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1995	
21 701 Northpoint Pkwy.		26 701 Northpoint Pkwy.		4. FEI Number 65-0591358	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22 Suite 501		27 Suite 501		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 West Palm Beach, FL		28 West Palm Beach, FL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24 33407		29 33407			
Country		Country			
25 Palm Beach		30 Palm Beach			

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES INC.
801 NE 167TH STREET STE. 300
NO. MIAMI BEACH FL**

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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, PETER	1.2 NAME	
STREET ADDRESS	800 SO. EAST COAST AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLAN, MICHAEL	2.2 NAME	
STREET ADDRESS	800 SO. EAST COAST AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABINOWITZ, MAYNARD	3.2 NAME	
STREET ADDRESS	800 SO. EAST COAST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSCHAN, PATRICIA	4.2 NAME	
STREET ADDRESS	701 NORTHPOINTE PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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:

Patricia A. Larschan

4-20-98 561-616-4600

CR2E034 (10/97)