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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000096996 (0)

1. Corporation Name
KARISMA COMMUNICATIONS SOUTHEAST, INC.



Principal Place of Business: 11218 BOCCA WOODS LANE BOCA RATON FL 33428
Mailing Address: 11218 BOCCA WOODS LANE BOCA RATON FL 33428-1838

3. Date Incorporated or Qualified: 12/18/1995
3a. Date of Last Report: 11/25/1996
4. FEI Number: 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

2. Principal Place of Business: 21 249 W UNIVERSITY
22 B
23 GAINESVILLE FL
24 32601
2a. Mailing Address: 26 249 W UNIVERSITY
27 B
28 GAINESVILLE FL
29 32601
30

9. Name and Address of Current Registered Agent
HAYGOOD, J. MICHAEL
MACK, WILLIAMS, HATGOOD & MCLEAN, P.A.
980 N. FEDERAL HWY., STE. 305
BOCA RATON FL 33432-2704

10. Name and Address of New Registered Agent
81 Name: Kenneth Dawson
82 Street Address (P.O. Box Number is Not Acceptable): 249 W UNIV AVE
83 Suite B
84 City: GAINESVILLE FL
85 Zip Code: 32601

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 607.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS
TITLE: D
NAME: DAWSON, HILDA M
STREET ADDRESS: 11218 BOCCA WOODS LANE
CITY-ST-ZIP: BOCA RATON FL 33428
[Delete]

TITLE: [Delete]
NAME: [Delete]
STREET ADDRESS: [Delete]
CITY-ST-ZIP: [Delete]

TITLE: [Delete]
NAME: [Delete]
STREET ADDRESS: [Delete]
CITY-ST-ZIP: [Delete]

TITLE: [Delete]
NAME: [Delete]
STREET ADDRESS: [Delete]
CITY-ST-ZIP: [Delete]

TITLE: [Delete]
NAME: [Delete]
STREET ADDRESS: [Delete]
CITY-ST-ZIP: [Delete]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Pres Change Addition
1.2 NAME: [Blank]
1.3 STREET ADDRESS: [Blank]
1.4 CITY-ST-ZIP: [Blank]
2.1 TITLE: Vice Pres - Secretary Change Addition
2.2 NAME: Kenneth Dawson
2.3 STREET ADDRESS: 249 W UNIV AVE
2.4 CITY-ST-ZIP: GAINESVILLE FL 32601
3.1 TITLE: [Blank] Change Addition
3.2 NAME: [Blank]
3.3 STREET ADDRESS: [Blank]
3.4 CITY-ST-ZIP: [Blank]
4.1 TITLE: [Blank] Change Addition
4.2 NAME: [Blank]
4.3 STREET ADDRESS: [Blank]
4.4 CITY-ST-ZIP: [Blank]
5.1 TITLE: [Blank] Change Addition
5.2 NAME: [Blank]
5.3 STREET ADDRESS: [Blank]
5.4 CITY-ST-ZIP: [Blank]
6.1 TITLE: [Blank] Change Addition
6.2 NAME: [Blank]
6.3 STREET ADDRESS: [Blank]
6.4 CITY-ST-ZIP: [Blank]

14. I do 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: Daytime Phone # 0006364

CR2E034 (9/96)