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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

BAY AREA LICENSE, INC.

Principal Place of Business		Mailing Address			
18940 U.S. HWY. 19 NORTH CLEARWATER FL 34624		C/O BRUCE S. GOLDSTEIN 500 E. KENNEDY BLVD. #200 TAMPA FL 33602			
2.	Principal Place of Business	2a. Mailing Address			
21		26			
	Suite, Apt. #, etc.	Suite, Apt #, etc.	•		
22		27			
City & State		City & State			
23		28			
	Zip Country	Z _i p Country			
24	25	[29]			
	9. Name and Address of	Current Registered Agent			
		81 Nan	1e		

GOLDSTEIN, BRUCE S GOLDSTEIN & MARKS 500 E. KENNEDY BLVD., STE. 200 TAMPA FL 33602-4825

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	DO NOT WRITE IN THIS SPACE							
	3. Date Incorporated or Qualifed 05/30/1996							
	4, FEI Number	Applied For						
	13-3903634	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						
	This corporation owes the current year I Personal Property Tax.	nt ingible [] Yes []No						
	10. Name and Address of New Registere	d Agent						
Name								
Street Add	dress (P.O. Box Number is Not Acceptable)							
	90000290° 06/17/99							
City	****300 . 80	11						
named cor	moration submits this statement for the purpose	of changing its registered						

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.

SKGNATURE	Signature, typed or printed name of registered agent and little if applic	able (NOTE R	egistered Agent signature i	required when reinstating) OATE		
12.	OFFICERS AND DIRECTO	A Company of the Comp	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	AS	[] DELETE	11TITLE	DV	Change	[XAddition
NAME	Berman, Russell		1.2 NAME	Brochu, Guy		
STREET ADDRESS	1114 AVENUE OF THE AMERICAS		13 STREET ADDRESS	300 Viger Avenue East		
CITY-ST-ZIP	NEW YORK NY 10036-7798		1.4 CITY-\$1-ZIP	Montreal (Quebec) H2X 3W4		
TITLE	D	[] DELETE	2 1 TITLE	V	[] Change	X Addition
NAME	Beaudry, Guy G		22 NAME	Evan D. Carb		
STREET ADDRESS	300 VIGER AVENUE EAST		23 STREET ADDRESS	975-H Industrial Road		
Crty-St-ZiP	MONTREAL (QUEBEC) H2X 3W4		2 4 CITY-ST-ZIP	San Carlos, CA 940-70		
TITLE	SVPC	[]] DELETE	31 TITLE	M	[] Change	X J Addition
NAME	ALAIN, MICHEL		3.2 NAME	Ron Hren		
STREET ADDRESS	300 VIGER AVENUE EAST		33 STREET ADDRESS	6840, Ulmerton Road		
CITY-ST-ZIP	MONTREAL (QUEBEC) H2X 3W4		34 CITY-ST-ZIP	Largo, Florida 33771		· : _ ·
TITLE	VPAS	₹ 1 DELETE	4 1 TITLE	V	[] Change	X Addition
NAME	RENAULT, SUZANNE		4 2 NAME	Labonté, François		
STREET ADDRESS	300 VIGER AVENUE EAST		43 STREE1 ADORESS	975-H Industrial Road		
CITY-ST-ZIP	MONTREAL (QUEBEC) H2X 3W4		44 CITY-ST-ZIP	San Carlos, CA 940-70		
TITLE		[] DELETE	51TITLE	C00	[]] Change	X Addition
NAME			52 NAME	Mustain, Philip M.		
STREET ADDRESS			53 STREET ADDRESS	975-H Industrial Road		
CITY-ST-ZIP			54 OTY-ST-ZIP	San Carlos, CA 940-70		
TITLE		[] DELETE	6 1 TriLE	S	[] Change	Addition
NAME			6.2 NAME	Ramsay, François D.	/	11/3/1
STREET ADORESS			63 STREET ADDRESS	300 Viger Avenue East	シ	Y(X)
City-ST-ZiP			64 CITY+ST-ZIP	Montréal (Ouébec) H2X 3W4		(\\^/

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further or trify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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, with all other like empowered.

SIGNATURE: François D. Ramsay Of Control of SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/4/99

281 - 1232 Daytime Priore #