

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

FILED  
Jul 22 1998 8:00am  
Secretary of State

|                                             |                                                                                   |                                                                                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P96000068544 (1)  
1. Corporation Name

STYLES BROADCASTING OF ALABAMA, INC.

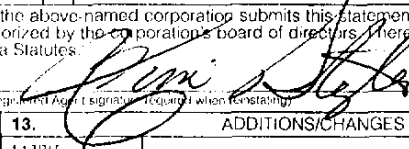
|                                                                                      |                                                                     |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br>2316-A WEST 23RD STREET<br>PANAMA CITY, FLORIDA 32405 | Mailing Address<br>2316-A WEST 23RD STREET<br>PANAMA CITY, FL 32405 |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                     |  |                                                                                          |  |                                                                                                                                                                |  |                                 |  |                               |  |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|-------------------------------|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br>8/15/1996                                                                                                                 |  | 4. FEI Number<br>59-3406977     |  | Applied For<br>Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                           |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>       |  | 7. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No |  | 8.75 Additional<br>Fee Required |  | 5.00 May Be<br>Added to Fees  |  |

|                                                                                                                      |  |  |  |                                                                                                                                                                                                                       |  |  |  |
|----------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent<br>MALLORY, SHERRI D<br>221 MCKENZIE AVENUE<br>PANAMA CITY, FL 32401 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>STYLES, KIM<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>2316-A WEST 23RD STREET<br>83<br>84 City<br>PANAMA CITY<br>85 Zip Code<br>FL 32405 |  |  |  |
|----------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

11. Pursuant to the provisions of Sections 607 (6)(2) and 607 (6)(3), 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 (6)(3), Florida Statutes.

SIGNATURE:  DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                         |                                            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |  |  |
|----------------------------|-------------------------|--------------------------------------------|--|-------------------------------------------------------|------------------------------------------------------------------------------|--|--|
| TITLE                      | PD                      | <input checked="" type="checkbox"/> DELETE |  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | DIBACCO, THOMAS A       |                                            |  | 1.2 NAME                                              |                                                                              |  |  |
| STREET ADDRESS             | 2316-A WEST 23RD STREET |                                            |  | 1.3 STREET ADDRESS                                    |                                                                              |  |  |
| CITY-STATE-ZIP             | PANAMA CITY, FL 32405   | <input type="checkbox"/> DELETE            |  | 1.4 CITY-STATE-ZIP                                    |                                                                              |  |  |
| TITLE                      | STD                     |                                            |  | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | STYLES, KIM             |                                            |  | 2.2 NAME                                              |                                                                              |  |  |
| STREET ADDRESS             | 2316-A WEST 23RD STREET |                                            |  | 2.3 STREET ADDRESS                                    |                                                                              |  |  |
| CITY-STATE-ZIP             | PANAMA CITY, FL 32405   | <input type="checkbox"/> DELETE            |  | 2.4 CITY-STATE-ZIP                                    |                                                                              |  |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE            |  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                         |                                            |  | 3.2 NAME                                              |                                                                              |  |  |
| STREET ADDRESS             |                         |                                            |  | 3.3 STREET ADDRESS                                    |                                                                              |  |  |
| CITY-STATE-ZIP             |                         | <input type="checkbox"/> DELETE            |  | 3.4 CITY-STATE-ZIP                                    |                                                                              |  |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE            |  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                         |                                            |  | 4.2 NAME                                              |                                                                              |  |  |
| STREET ADDRESS             |                         |                                            |  | 4.3 STREET ADDRESS                                    |                                                                              |  |  |
| CITY-STATE-ZIP             |                         | <input type="checkbox"/> DELETE            |  | 4.4 CITY-STATE-ZIP                                    |                                                                              |  |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE            |  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                         |                                            |  | 5.2 NAME                                              |                                                                              |  |  |
| STREET ADDRESS             |                         |                                            |  | 5.3 STREET ADDRESS                                    |                                                                              |  |  |
| CITY-STATE-ZIP             |                         | <input type="checkbox"/> DELETE            |  | 5.4 CITY-STATE-ZIP                                    |                                                                              |  |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE            |  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                         |                                            |  | 6.2 NAME                                              |                                                                              |  |  |
| STREET ADDRESS             |                         |                                            |  | 6.3 STREET ADDRESS                                    |                                                                              |  |  |
| CITY-STATE-ZIP             |                         | <input type="checkbox"/> DELETE            |  | 6.4 CITY-STATE-ZIP                                    |                                                                              |  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(6)(b), 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 I 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

CR2E034 (10/97)