### 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** 

## DOCUMENT # **P96000076433**

HHH BROADCASTING, INC.

Principal Place of Business	Mailing Address
6699 N. FEDERAL HIGHWAY BOCA RATON FL 33487	6699 N. FEDERAL HIGHWAY BOCA RATON FL 33487

# **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90041 032 \*\*\*150.00



BOCA RATON FL 33487 BOCA RATON FL 33487		BOCA RATON FL 33487			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					09/13/1996		
2 Principal Pl	Principal Place of Business 2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			65-0704956	N	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22	,,,	27			5. Certificate of Status Desired	Fee R	equired
City & State	)	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zìp	Country	Zip Country			8. This corporation owes the current year In	tangible	
24	25	29 30			Personal Property Tax.	☐ Yes	<b>1</b> No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
· · · · · · · · · · · · · · · · · · ·				1 Name in	ICHAEL FRIEDSON	) ES	Q
CT CORPORATION SYSTEM  1200 SOUTH PINE-ISLAND ROAD			8	2 Street,Addre	·	11111	
			٦	66	ess (R.O. Box Number is Not Acceptable)	HW1.	
PLAN	HATTON FL 33324		a	3	<del></del>		
-			-	1 64.0		85 Zip	Coden ~
			8	4 City Boo	(4 K4-TON) FI		3481/
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abo	ve-named corp	oration submits this statement for the purpose of	f changing it	s registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was auth ions of Section 607 0505. Florida	orized b a Statute	y the corporations.	on's board of directors. I hereby accept the appo	antment as n	egistered
	I familiar with, and accept the chingat	)	a Ottalial				
SIGNATURE	Signature, typed or printed name of polistered agent	and title if applicable. (NOTE: Re	gistered A	ent signature required	d when reinstating) DATE		
12.	OF EICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE	1.1 TITLE	· ]		Change	Addition
NAME	GOLDSMITH, HOWARD		1.2 NAM	: <b> </b>			Ţ
STREET ADDRESS	6699 N. FEDERAL HIGHWAY		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TTTL			☐ Change	☐ Addition
NAME	GOLDSMITH, SUSAN		2.2 NAM	<b></b>			
STREET ADDRESS	6699 N. FEDERAL HIGHWAY	**	2.3 STR	ET ADDRESS			İ
CITY-ST-ZIP	BOCA RATON FL 33487	-	2. 4 CITY	-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	3.1 TITL			Change	Addition
NAME			3.2 NAM	Ē			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP		·	3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TTTL			Change	☐ Addition
NAME			4. 2 NAM	E			1
STREET ADDRESS		,	4.3 STR	ET ADDRESS			}
CITY-ST-ZIP	,		4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITU			Change	☐ Addition
NAME			5.2 NAM	E )			
STREET ADDRESS	,		5.3 STR	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			Change	☐ Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRI	ET ADDRESS			·
			6.4 CFTY	1			
CITY-ST-ZIP	-tifu that the information evanlied with	th this filing does not qualify for th			Section 119 07(3)(i) Florida Statutes, I further of	ertify that the	information

I neredy ceruly trial the information supplied with this liming does not quality for the exemption stated in Section 179.07(5)(f), Finited Stateds I not the control of the

SIGNATURE: