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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

01/23/99

02-24-1999 90055 023 \*\*\*158.75

DOCUMENT # P97000103824

1. Corporation Name

PREMIER RADIO SYSTEMS, INC.



Principal Place of Business		Mailing Address	
438 E 9TH STREET 2ND AVE HIALEAH FL 33010 US		438 E 9TH STREET 2ND FLOOR HIALEAH FL 33010 US	
2. Principal Place of Business		2a. Mailing Address	
21 438 E 9th Street Suite, Apt. #, etc.		26 438 E 9th Street Suite, Apt. #, etc.	
22 Suite 2 City & State 23 Hialeah FL.		27 Suite 2 City & State 28 Hialeah FL.	
24 33010 Zip 25 U.S.		29 33010 Zip 30 U.S.	

9. Name and Address of Current Registered Agent

MEDINA, EFREN F  
438 EAST 9TH STREET  
HIALEAH FL 33010

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, EFREN F		1.2 NAME
STREET ADDRESS	438 EAST 9TH STREET		1.3 STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL 33010		1.4 CITY-ST-ZIP
TITLE	VPSD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, DIANA		2.2 NAME
STREET ADDRESS	438 EAST 9TH STREET		2.3 STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL 33010		2.4 CITY-ST-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-ST-ZIP			3.4 CITY-ST-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-ST-ZIP			4.4 CITY-ST-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-ST-ZIP			5.4 CITY-ST-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-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, with all other like empowered.

SIGNATURE:

*Ernest F. Medina* President Ernest F. Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 (305) 796-5720  
Daytime Phone #