

2000 UNIFORM BUSINESS REPORT (UBR)

3/14/00-90079-037-\$158.75-\$158.75

DOCUMENT # P98000017335

1. Entity Name

WHIZ BROADCASTING CORP.

FILED

00 APR -3 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

041004

Principal Place of Business

6073 N.W. 167 ST. STE. C-7
MIAMI LAKES FL 33015

Mailing Address

6073 N.W. 167 ST. STE. C-7
MIAMI LAKES FL 33015-4314

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE
65-0989359

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, L R
6073 N.W. 167 ST. STE. C-7
MIAMI LAKES FL 33015

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SPD	<input type="checkbox"/> Delete
NAME	MAHABIR, L B	
STREET ADDRESS	6073 N.W. 167 ST. STE. C-7	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	SINGH, L R	
STREET ADDRESS	6073 N.W. 167 ST. STE. C-7	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	MAHABIR, JOY	
STREET ADDRESS	6073 N.W. 167 ST. STE. C-7	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDERLINDER, A L	
STREET ADDRESS	6073 N.W. 167 ST. STE. C-7	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHABIR, D L	
STREET ADDRESS	6073 N.W. 167 ST. STE. C-7	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANT, ROGER	
STREET ADDRESS	6073 N.W. 167 ST. STE. C-7	
CITY-ST-ZIP	MIAMI LAKES FL 33015	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. B. MAHABIR PRES.

Date

Daytime Phone #

3/10/00

KE

CR2E004 (9/99)