## FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90003 024 \*\*\*476.25

## 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 # P98000036587

1, Corporation Name

DRIVE BY BROADCASTING, INC.

Principal Place of Business Mailing Address					
2106 CORPORATE DRIVE 2106 CORPORATE DRIVE					
BOYNTON BEA	CH FL 33426	BOYNTON BEACH FL 33426			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 04/21/1998
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>¬</b> ''		5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country 25	Zip Cou 29 30			8. This corporation owes the current year Intangible Personal Property Tax. □ No
	9. Name and Address of Curren		1		10. Name and Address of New Registered Agent
			81	Name	
Wrenne, Kevin P 2106 Corporate Drive			82	Street A	Address (P.O. Box Number is Not Acceptable)
	NTON BEACH FL 33426		83		
			84	City	FL 85 Zip Code
office or r	egistered agent, or both, in the State egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized by Statutes	the corpo	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE 1.11		1.1 TITLE		☐ Change ☐ Addition
NAME WRENNE, KEVIN P			1.2 NAME		
STREET ADDRESS 2106 CORPORATE DRIVE			1.3 STREE	TADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	<u> </u>	1.4 CITY-ST-ZIP		
TITLE	•	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP		DELETE	2. 4 CfTY-ST-ZfP		☐ Change ☐ Addition
TITLE			3.2 NAME		
NAME STREET ADDRESS			ŀ	TADDRESS	
CITY-ST-ZIP			3.4. CITY-5		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	ESS 433		4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY- S	T-ZiP	
TITLE	DELETE 5.1		5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	T-ZIP	Change Addition
TITLE		☐ DELETE	O. I IIILE		Criange [_] Adoldon [

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

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