May 10, 1999 8:00 am Secretary of State

05-10-1999 90211 032 ***150.00

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 # P98000057119

1. Corporation Name

MCL BR	DADCAST GROUP, INC.							
Principal Place of Business Mailing Address						F 1881/884 112 (913) (914) 881() 881() 881() 801() 6018) 81() (480) (188) (188) (188)		
2890 NW 79TH	AVENUE	2890 NW 79TH AVENUE	•					
MIAMI FL 33122	?	MIAMI FL 33122				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						06/24/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				65-0845775 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22	** .	27				5. Certificate of Status Desired		
City & State		City & State	City & State			6, Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Žip		ountry		8. This corporation owes the current year Intangible		
24			30			Personal Property Tax. Yes No		
	9. Name and Address of Currer	it Registered Agent		81	Name	10. Name and Address of New Registered Agent		
GON	7ALET MARTIN			01	Name			
GONZALEZ, MARTIN 2890 NW 79TH AVENUE				82	82 Street Address (P.O. Box Number is Not Acceptable)			
	II FL 33122			83	ļ			
iain-du	11 1 2 33122			63				
				84	City	FL 85 Zip Code		
		1007 4500 Fl	A4 4b-			orporation submits this statement for the purpose of changing its registered		
l office.orr	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa	s autnonz	zea ov	the corpora	ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE						uuired when reinstating) DATE		
	Signature, typed or printed name of registered age	nt and title if applicable (NI ND DIRECTORS		3.	n signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PVD	DELETE	_	1 TITLE		Change Addition		
NAME	GONZALEZ, MARTIN			2 NAME				
STREET ADDRESS	2890 NW 79TH AVENUE		1.3	3 STREE	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33122			4 CITY-S	1			
TITLE		☐ DELETE		1 TITLE		Change Addition		
NAME			2:	2 NAME				
STREET ADDRESS			2.3	3 STREE	T ADDRESS			
CITY-ST-ZIP	1.		2. 4 CITY-ST-ZIP		<u> </u>			
TITLE		☐ DELETE	3.	1 TITLE		☐ Change ☐ Addition		
NAME	321		2 NAME		•			
STREET ADDRESS			3.3	3 STREE	TADDRESS			
CITY-ST-ZIP			3.	4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.	1 TITLE		☐ Change ☐ Addition		
NAME			4.	2 NAME				
STREET ADORESS			4.3	3 STREE	TADORESS			
				4 CITY-S				

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, on on an attactypient with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-\$T-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: _

TITLE

NAME

τιτιε

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

Daytime Phone #

Date

Change

Change

Addition

Addition