FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

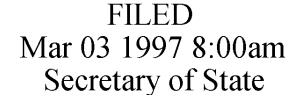
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$95370

(0)

RAINBOW BROADCASTING CO., INC.



Principal Place 2000 UNIVERS SUITE 200 ORLANDO FL US		2000 SUITI	Mailing Address 2000 UNIVERSAL PLAZA SUITE 200 ORLANDO FL 32819-7606 US				3. Date Incorporated or Qualified 11/20/1991 Sa. Date of Last Report 04/15/1996				
2. Principal I	Place of Business	2a. M	Mailing Address					FEI Number	1 07/	····	pplied For
21		26						65-0300952		N	lot Applicable
Suite, Apt	#, etc.	} <u>-</u>	Suite, Apt. #, etc.				5.	Certificate of Status Desired	П		Additional
22	12	27	Na. o rall			· · · · · · · · · · · · · · · · · · ·					Required
City & Sta	HU:	28	City & State					Election Campaign Financing Trust Fund Contribution	m		May Be
Zip	Country		ip	Count	ſγ		+	This corporation has liability for i	ntangible		to Fees
24	25	29	29 30				Florida Statutes Yes No				
	9. Name and Address of Cur	rent Register	red Agent				10.	Name and Address of New Re	gistered	Agent	
	RPORATION COMPANY OF M	AM		8	1	Name					
	00 MIAMI CENTER				2	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
	S. BISCAYNE BLVD.				_						
MIA	VMI FL 33131			8	3						
			•	8	4	City			21	85 Zip	Code
11 Pursuant	t to the provisions of Sections 607.6	3502 and 607	1508 Florida State	utes the abo	1	a-named corn	oration	submits this statement for the n	T L	f changing	ite registered
agent I: SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ot Stgueure, typict or printed name of registers	ligations of, S	Section 607,0505, F	Florida Statut OTC Registered A	es	int signature require	d when r	einstaling)	DATE		
TITLE	DP OFFICING	MIND DINCON	DELETE	13.			<u> </u>	DDITIONS/CHANGES TO OFFIC	EHS ANI	Change	Addition
NAME	REY, JOSEPH			1.2 NAM						— o migo	/iddition
STREET ADDRESS	AAAA ALIABELINE BOXE					ADDRESS					
CHY+ST-ZIP	ORLANDO FL			1.4 CITY	-51	1 - ZIP					
TITLE	D		DELETE	2.1 TITLE				**************************************		☐ Change	Addition
NAME	JARAMILLO, LETICIA			2.2 NAM	Ε						
STREET ACORESS				2.3 STRE	ET /	ADDRESS					
Crty - ST- 7IP	ORLANDO FL		De Ese	2. 4 CITY		ST-ZIP					
TITLE			DELETE	3.1 F(TLE						L Change	Addition
NAME STREET ADORESS				3.2 NAM		1000ces					
CHY-ST ZIP						ADDRESS					į
TITLE		7 838 -100 8	DELETE	3.4. CITY 4.1 TITLE		SI - ZIP				☐ Change	Addition
NAME.			•	4. 2 NAM							
				4.3 STRE	ET /	ADDRESS					
Cit's +STZiP				4.4 CITY							
TillE			☐ DELETE	5 1 TITLE				······································		☐ Change	Addition
NAME				5.2 NAM	E						
STEEF LADORESS				5.3 STRE	ET /	ADDRESS					
CHTY+ST+ZIF		·/		5.4 CITY	- 51	T - ZIP	•				
TITLE			☐ DELETE	6.1 TITLE						Change	Addition
NAME				6.2 NAM	E						
STREET ADORESS				6.3 STRE	ET)	ADDRESS					
CITY-ST ZIP				6.4 CITY	- 51	T-ZIP					

14. I do 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 lam 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 thanged, or on an atlantiment with an address.

SIGNATURE:

NOT YES OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2/20/97

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