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

FILED PROFIT Jan 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # TIDELINE BROADCASTING, INC. Principal Place of Business Mailing Address 2126 FOX RUN 2126 FOX RUN LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 DO NOT WRITE, IN THIS SPACE 3. Date Incorporated or Qualified 06/18/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3132750 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name WAHLBERG, RANDALL R. **2126 FOX RUN** 82 Street Address (P.O. Box Number is Not Acceptable) LYNN HAVEN FL 32444 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE TITLE 1.1 TITLE Change WAHLBERG, RANDALL R. NAME 1.2 NAME STREET ADDRESS **2126 FOX RUN** 1.3 STREET ADDRESS CITY-ST-ZIP LYNN HAVEN FL 1.4 CITY-ST-ZIP DELETE TITLE **VPD** Change 2.1 TITLE Addition PRIGGE, PATRICIA LYNNE NAME 2.2 NAME 540 HILL CIRCLE STREET ADDRESS 23 STHEET ADDRESS WANAMINGO MN CITY - ST- ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - 2IP DELFTE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP TITLE DELETE 5.1 HILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 21P TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 supplience and accurate and that my signature shall have the same legal effect as if made under eath; 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.

SIGNATURE:

1/17/90

DCA. 70C- 5200

(10/97