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SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 MAY - 1 11:10:22

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P16701 (5)

1. Corporation Name
RADIO WADO, INC.

Principal Place of Business Mailing Address
9350 S DIXIE HWY #900 MIAMI FL 33156 **9350 S DIXIE HWY #900 MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/05/1987** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-2811695** Applied for Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

6. This corporation has liability for intangible tax under § 198.03, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **1645 N. Vine Street** 26 **1645 N. Vine Street**
 Suite, Apt #, etc Suite, Apt #, etc
 22 **Suite 200** 27 **Suite 200**
 City & State City & State
 23 **Hollywood, CA** 28 **Hollywood, CA**
 Zip Country Zip Country
 24 **90028** 25 Country 29 **90028** 30 Country

9. Name and Address of Current Registered Agent
PUCK, ROBERT J.
9350 S DIXIE HWY
MIAMI FL 33156

10. Name and Address of New Registered Agent
 81 Name **C T CORPORATION SYSTEM**
 82 Street Address (P.O. Box Number is Not Acceptable) **1200 Pine Island Road**
 83
 84 City **Plantation** FL 85 Zip Code **33324**

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 **Margaret T. Fitzpatrick, Asst. Secy.** *M. T. Fitzpatrick* 6-1-95
(Signature, Title or Central Name of registered agent and title of application) (Date) (Signature of Agent, signature required when appointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLANK, MARK
STREET ADDRESS	9350 S DIXIE HWY #900
CITY ST ZIP	MIAMI FL
TITLE	V
NAME	LEVIN, HERBERT
STREET ADDRESS	9350 S DIXIE HWY #900
CITY ST ZIP	MIAMI FL
TITLE	ST
NAME	PUCK, ROBERT J.
STREET ADDRESS	9350 S DIXIE HWY #900
CITY ST ZIP	MIAMI FL
TITLE	VD
NAME	BLANK, ANDREW
STREET ADDRESS	9350 S DIXIE HWY #900
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HEFTEL CECIL	
1.3 STREET ADDRESS	1645 N. Vine Street Suite 200	
1.4 CITY ST ZIP	Hollywood, CA 90028	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PARMER CARL	
2.3 STREET ADDRESS	1645 N. Vine St. Suite 200	
2.4 CITY ST ZIP	Hollywood, CA 90028	
3.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KENDRICK JOHN	
3.3 STREET ADDRESS	1645 N. Vine St. Suite 200	
3.4 CITY ST ZIP	Hollywood, CA 90028	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE: *John Andrews*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 (213) 468-5218
(Date) (Type)