

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sherida D. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 401673 (9)

1. Corporation Name

BILL MASI NETWORK RADIO-COAST TO COAST, INC.



Principal Place of Business

201 SPRINGSIDE DR. RD
LONGWOOD FL 32779

Mailing Address

201 SPRINGSIDE DR. RD
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

SALERNO, LINDA
201 SPRINGSIDE DR
LONGWOOD FL 32779

3. Date Incorporated or Qualified
05/22/1972

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1430650

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01007 and 607.15036, 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. Said 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 Sections 607.01005, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, STATE, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, STATE, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, STATE, ZIP
20. TITLE

CD
MASI, WILLIAM A
201 SPRINGSIDE RD
LONGWOOD FL
TD
SALERNO, LINDA
SPRINGSIDE RD
LONGWOOD FL
PD
ONDO, JOHN M
SPRINGSIDE RD
LONGWOOD FL

☐ DELETE

☐ DELETE

☒ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, STATE, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, STATE, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, STATE, ZIP
20. TITLE

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Resigned

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 transferee, authorized 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/98 447 288 2428

Date

Digitize Page 8

CR2E034 (12/95)