

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF INCORPORATED, BUSINESS ACCOUNT DUE TO STATE: \$275)

PROFIT CORPORATION ANNUAL REPORT



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

1995 7-13-95 8-11-88

FILED

1995 JUL 13 AM 9:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 855883 (5)

1. Corporation Name  
**AERONAUTICAL RADIO, INC.**

Principal Place of Business Mailing Address  
 2551 RIVA RD ANNAPOLIS MD 21401 2551 RIVA RD ANNAPOLIS MD 21401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/24/1983  
 3a. Date of Last Report 04/19/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	52-1269436	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$6.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSPODOR, A. T.	1.2 NAME	Pierce, James L.
STREET ADDRESS	361 BERKSHIRE DRIVE	1.3 STREET ADDRESS	624 Sean Drive
CITY-ST-ZIP	RIVA MD	1.4 CITY-ST-ZIP	Annapolis, Maryland 21401
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELSON, E. R.	2.2 NAME	
STREET ADDRESS	2572 RIVA ROAD, APT. 10B	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, CALVIN E.	3.2 NAME	
STREET ADDRESS	609 BURLEY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	3.4 CITY-ST-ZIP	
TITLE	CAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, A J	4.2 NAME	
STREET ADDRESS	710 PETERSBURG RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIDSONVILLE MD	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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 a 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: A. JAMES SADLER DATE: July 20, 1995 DAYTIME PHONE #: 410-266-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)