2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2007 08:00 All
Secretary of State

ANNUAL REPORT				Mar 16, 2007 08:00			
DOCUMENT # P01000122085 1. Entity Name 550 AM BROADCASTING CORP.			The state of the s		Secréta	ry of Sta	
ST.	Mailing Address 2070 N. PALAFOX ST. PENSACOLA, FL 32501		### PART PART				
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s, typed or printed name of registered agent an	9. Election Campaign Fina	ncing \$5	.00 May Be			114 4ED 00	
ITER, MICHAEL B MINVERNESS DR. SACOLA, FL 32503 ITER, DARA L MINVERNESS DR.	IRECTORS			NOT W	/RITE	114 150 . 00	
	NT # P010001220 DCASTING CORP. Siness ST. 2501 NOT WRITE Name and Address of Current R AEL B SS DR. L 32503 d entity submits this statement for tegistered agent. e. typed or printed name of registered agent an Will FEE IS \$150.00 2007 Fee will be \$550.00	NT # P01000122085 ADCASTING CORP. Siness Mailing Address ST. 2070 N. PALAFOX ST. PENSACOLA, FL 32501 NOT WRITE IN THIS SPA Name and Address of Current Registered Agent HAEL B SS DR PL 32503 It entity submits this statement for the purpose of changing its registered agent. In the purpose of changing its registered agent and talle if applicable (NOTE Register registered agent and talle if applicable WI!! FEE IS \$150.00 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ITER, MICHAEL B PLINVERNESS DR. REACOLA, FL 32503 ITER, DARA L PLINVERNESS DR. REACOLA, FL 32503	NT # P01000122085 DCASTING CORP. Siness Mailing Address ST. 2070 N. PALAFOX ST. 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L 32503 If provided removed registered agent and side if appointable Name and Address of Current Registered Agent A speed or proved name of registered agent and side if appointable Name and Address of Current Registered Agent A Speed or proved name of registered agent and side if appointable Name and Address of Current Registered Agent A Speed or proved name of registered agent and side if appointable NOTE Registered Agent signature required agent, or both, in the State of Fill agent agent and side if appointable NOTE Registered Agent signature required agent, or both, in the State of Fill agent agent agent, or both, in the State of Fill agent agent agent, or both, in the State of Fill agent agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both, in the State of Fill agent agent, or both agent agent, or both agent agent agent, or both agent	Secreta Secreta Secreta Secreta DOCASTING CORP. Sinces Mailing Address St. 2070 N. PALAFOX ST. PENSACOLA, FL 32501 NOT WRITE IN THIS SPACE A. FEI Number 59-3483351 S. Certificate of Status Desired \$8. Fee Name and Address of Current Registered Agent HAEL B SS DR. FL 32503 DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE ONTE Registered agent, or both. In the State of Florida. I am famili registered agent. In this space WILL PEE IS \$150.00 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS INTER, MICHAEL B P. INVERNESS DR. SACOLA, FL 32503 ITER, MICHAEL B P. INVERNESS DR. SACOLA, FL 32503 ITER, DATE INTER, DATE INTER, DATE INTER, MICHAEL B P. INVERNESS DR. SACOLA, FL 32503 ITER, DATE INTER, DAT	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

STREET ADDRESS City-St-zip

GNATURE AND TYPED OR PRINTED HYPE OF SIGNING OFFICER OR DIRECTOR

3/13/07

Date

JSO-434:1230

Daytime Phone