



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P06000154286 1. Entity Name OASIS RADIO 2 CORP. |  |
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| Principal Place of Business 1172 S DIXIE HWY #413 CORAL GABLES, FL 33146 | Mailing Address 4840 S.W. 80TH STREET MIAMI, FL 33143 |
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DO NOT WRITE IN THIS SPACE

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|  | |
| 02192008 | No Chg-P |
| CR2E034 (11/05) | |
| 4. FEI Number 20-8050151 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

OASIS, RUSS
 4840 S.W. 80TH STREET
 MIAMI, FL 33143

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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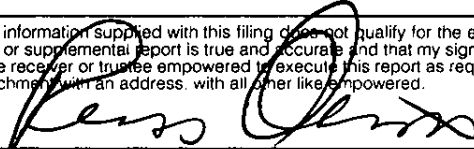
10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | OASIS, RUSS |
| STREET ADDRESS | 4840 S.W. 80TH STREET |
| CITY-ST-ZIP | MIAMI, FL 33143 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| NAME | |
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| CITY-ST-ZIP | |

1100000225610
 04/18/08-80021-003 150.00

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12. I hereby certify that the information supplied with this filing 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 like empowered.

SIGNATURE:  DATE: 4/2/08 DAYTIME PHONE #: 305 667-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR