

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90087 011 ***158.75

DOCUMENT # P93000032997

1. Entity Name

AMKA BROADCAST NETWORK, INC.

Principal Place of Business

Mailing Address

27873 U.S. HWY. 19 NORTH
 CLEARWATER FL 33761
 US

3338 WIND CHIME DR. W.
 CLEARWATER FL 33761-1736
 US

2. Principal Place of Business

3. Mailing Address

A-109 BAYVIEW BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OLDSMAR, FL

City & State

City & State

Zip

Country

Zip

Country

34677

U.S.

4. FEI Number

59-3305902

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGELATOS, SOTIRIOS
 27873 US-19-N
 CLEARWATER FL 34621

Name

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

A-109 BAYVIEW BLVD.

City OLDSMAR

FL

Zip Code

34677

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.

SIGNATURE AGELATOS, SOTIRIOS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/00

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	AGELATOS, SOTIRIOS	27873 U.S. HWY. 19 NORTH	CLEARWATER FL 34621	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		109 BAYVIEW BLVD	OLDSMAR, FL 34677	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AGELATOS, SOTIRIOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

DATE

727-771-9589

DAYTIME PHONE #

CR2E034 (9/99)