


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000032997 1. Entity Name AMKA BROADCAST NETWORK, INC.	
---	---

Principal Place of Business A-109 BAYVIEW BLVD. OLDSMAR, FL 34677 US	Mailing Address 3338 WIND CHIME DR. W. CLEARWATER, FL 33761 US
--	--

DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)


4. FEI Number 59-3305902	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGELATOS, SOTIRIOS
A-109 BAYVIEW BLVD.
OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE

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  SOTIRIOS AGELATOS DATE 4/21/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

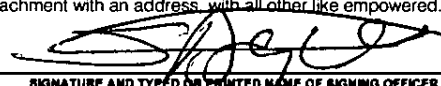
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000920287
05/14/08-80038-007 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGELATOS, SOTIRIOS A-109 S BAYVOEW BLVD OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  SOTIRIOS AGELATOS DATE 4/21/08 Daytime Phone # 727-458-5329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR