

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -5 AM 9:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000057204 (7)

1. Corporation Name
AKMA BROADCASTING, INC.

Principal Place of Business
**27873 US HIGHWAY 19 NORTH
 CLEARWATER FL 34621**

Mailing Address
**27873 US HIGHWAY 19 NORTH
 CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/01/1994** 3a. Date of Last Report

4. FEI Number **593262442** Applied For / Not Application

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

6. This corporation has liability for intangible tax under s. 199 (2)(b), Florida Statutes Yes No

21	2a. Mailing Address	26
22	State, Apt. #, etc.	27
23	City & State	28
24	Zip	29
25	County	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AGELATOS, SOTRIOS
 27873 US HIGHWAY 19 NORTH
 CLEARWATER FL 34621**

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

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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 hereby authorized to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

12. Registered Agent (type name and address)

10/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. TITLE	12b. NAME	13a. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12c. STREET ADDRESS	12d. CITY, ST., ZIP	13b. NAME	
12e. CITY, ST., ZIP		13c. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12f. CITY, ST., ZIP		13d. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12g. CITY, ST., ZIP		13e. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12h. CITY, ST., ZIP		13f. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12i. CITY, ST., ZIP		13g. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12j. CITY, ST., ZIP		13h. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12k. CITY, ST., ZIP		13i. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12l. CITY, ST., ZIP		13j. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true, just and accurate and that my resignation from the corporation shall be effective as if made by me with that I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGELATOS, SOTRIOS

[Signature] June 15/95 P13-725-3520

CR2E034 (3/95)