

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91249 040 \*\*\*150.00

**DOCUMENT # P99000040486**

1. Entity Name  
**PHOENIX BROADCASTING COMPANY**



Principal Place of Business      Mailing Address

**501 116TH AVE. N., STE. 273**      **501 116TH AVE. N., STE. 273**  
**ST. PETERSBURG, FL 33716**      **ST. PETERSBURG, FL 33716**

2. Principal Place of Business      3. Mailing Address


**121 114th Ave N.**      **121 114th Ave N.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**St. Petersburg, FL.**      **St. Petersburg, FL.**

Zip      Country      Zip      Country

**33716**      **USA**      **33716**      **USA**



04262004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**59-3575676**      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

**KIBURZ, DANIEL**  
**171 114TH AVE N**  
**SAINT PETERSBURG, FL 33716**

Name: **Kiburz, Daniel**  
 Street Address (P.O. Box Number Is Not Acceptable):  
**121 114th Ave N.**  
 City: **St. Petersburg**      FL      Zip Code: **33716**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIBURZ, DANIEL A	NAME	
STREET ADDRESS	121 114TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Kiburz*      Date: 4-26-04      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR