2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67353

1920 WOODCREST DR #13

WINTER PARK, FL 32792

Address: City-St-Zip: FILED Jun 11, 2009 Secretary of State

| Entity Nar | ne: RADIO M | IARKETING, INC. | | | |
|---|--|---|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 996 N PHELPS AVE WINTER PARK, FL 32789 | | | 1920 WOODCREST I #13 | 1920 WOODCREST DR. #13 | |
| | | | | WINTER PARK, FL 32792 | |
| Current M | ailing Addres | ss: | New Mailing Addres | New Mailing Address: | |
| 996 N PHELPS AVE WINTER PARK, FL 32789 | | | #13 | | |
| | | | WINTER PARK, FL 3 | 2792 | |
| FEI Number: | 59-2576769 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of (| Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| FAZIO, CHARLES P. 996 N PHELPS AVE WINTER PARK, FL 32789 US | | | # 13 | 1920 WOODCREST DRIVE | |
| | named entity of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATURE: CHARLES P. FAZIO | | | | 06/11/2009 | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PS (FAZIO, C.P. 1920 WOODE WINTER PARK | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (FAZIO, C P 1920 WOODC WINTER PARK | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | T (FAZIO, VIOLA |) Delete | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: C.P. FAZIO Ρ 06/11/2009