

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 276707

1. Entity Name

NORTHEAST FLORIDA RADIO INC

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90138 023 \*\*\*158.75

Principal Place of Business

Mailing Address

WHOG

1330 NOBLE ST., RADIO BLDG STE 25  
ANNISTON AL 36201

WHOG

1330 NOBLE ST., RADIO BLDG STE 25  
ANNISTON AL 36201

040010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1037848

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TESTON, VENA  
2342 BONNIE OAKS DR  
FERNANDINA BEACH FL 32034

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PD  
NAME HOGAN, MARK  
STREET ADDRESS 1811 MAE ROAD  
CITY-ST-ZIP ANNISTON AL 36207



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE ST  
NAME HOGAN, SYLVIA  
STREET ADDRESS 4217 OLD BIRMINGHAM HWY  
CITY-ST-ZIP ANNISTON AL 36201



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE V  
NAME HOGAN, JEFF  
STREET ADDRESS 300 MONSANTO RD.  
CITY-ST-ZIP ANNISTON AL 36201



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



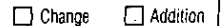
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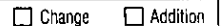
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CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



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:

*Mark T. Hogan* MARK T. HOGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000  
Date

256-236-6484  
Daytime Phone #

CR2E034 (9/99)