

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 276707

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: NORTHEAST FLORIDA RADIO INC

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-1037848      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TESTON, VENA  
5075 SABAL PALM ROAD #38  
FERNANDINA BEACH, FL 32034      US

## Name and Address of New Registered Agent:

TESTON, VENA  
2118 THRASHER LANE  
FERNANDINA BEACH, FL 32034      US

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: \_\_\_\_\_

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOGAN, MARK T  
Address: 1612 MCCALL DR  
City-St-Zip: ANNISTON, AL 36207

Title: ST ( ) Delete  
Name: HOGAN, SYLVIA  
Address: 25405 HAYS MILL RD  
City-St-Zip: ELKMONT, AL 35620

Title: V ( ) Delete  
Name: HOGAN, JEFF  
Address: 300 MONSANTO RD.  
City-St-Zip: ANNISTON, AL 36201

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MARK T. HOGAN

PD

04/22/2005

Electronic Signature of Signing Officer or Director

Date