

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91409 048 ***150.00

DOCUMENT # 401673

1. Entity Name

BILL MASI NETWORK RADIO-COAST TO COAST, INC.

Principal Place of Business

Mailing Address

201 SPRINGSIDE RD.
 LONGWOOD FL 32779
 US

201 SPRINGSIDE RD.
 LONGWOOD FL 32779-4985
 US

2. Principal Place of Business

1855 W. STATE Rd 434
 Suite, Apt. #, etc.
 Suite 272
 City & State
 Longwood, FL
 Zip
 32750
 Country
 USA

3. Mailing Address

1855 W. STATE Rd 434
 Suite, Apt. #, etc.
 Suite 272
 City & State
 Longwood, FL
 Zip
 32750
 Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1430650** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SALERNO, LINDA
~~201 SPRINGSIDE DR~~ 274 Woodbury Pines Cr.
~~LONGWOOD FL 32779~~ Orlando, FL 32828

7. Name and Address of New Registered Agent

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAZI, WILLIAM A	
STREET ADDRESS	201 SPRINGSIDE RD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASALGRANDI, LINDA	
STREET ADDRESS	SPRINGSIDE RD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	274 Woodbury Pines Cr	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Linda Casalgrandi **4-27-00** **(407) 249-1596**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)