

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90125 014 ***150.00

DOCUMENT # 401673

1. Entity Name

BILL MASI NETWORK RADIO-COAST TO COAST, INC.

Principal Place of Business

1855 W. STATE RD 434
 STE 272
 LONGWOOD FL 32750
 US

Mailing Address

1855 W. STATE RD 434
 STE 272
 LONGWOOD FL 32750
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

CASALGRAND, LINDA
274 WOODBURY PINES CIR
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name **CASALGRANDI, LINDA**
 Street Address (P.O. Box Number is Not Acceptable) **14650 Riviera Pointe Dr**
 City **Orlando** **FL** Zip Code **32828**

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, 2002 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 **TD** ☐ Delete
 NAME **CASALGRANDI, LINDA**
 STREET ADDRESS **274 WOODBURY PINES CIR**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **CASALGRANDI, LINDA**
 STREET ADDRESS **14650 Riviera Pointe Dr**
 CITY-ST-ZIP **Orlando, FL 32828**

TITLE ☐ Change ☐ Addition
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-02 407-249-1596

007736 AN

CR2E034 (9/01)