2002 UNIFORM BUSINESS REPORT (UBR)

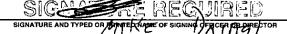
Feb 18, 2002 8:00 am Secretary of State DOCUMENT # 851505 1. Entity Name SILKO RADIO CORPORATION OF AMERICA 02-18-2002 90004 020 ***150.00 Principal Place of Business Mailing Address 326 EAST HALLANDALE BEACH BOULEVARD 326 EAST HALLANDALE BEACH BOULEVARD 407581 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 13-2850139 Not Applicable Zip Zip 🐉 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAIAGI, MIKE Street Address (P.O. Box Number is Not Acceptable) 326 E HALLANDALE BCH BLVD. HALLANDALE FL 33009 City 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 1923 (NOTE, Registered Agent signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 "是这种种种"的"有一种"的"有一种"的"有一种"的"有一种"的"有一种"的"有一种"的"有一种"的"有一种"的"有一种"的"有一种"的"有一种"的"有一种"的 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Change ☐ Addition ☐ Delete DAIAGI, MIKE NAME NAME STREET ADDRESS 612 OLEANDER DR. STREET ADDRESS HALLANDALE FL CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE STD TITLE Change ☐ Addition NAME CHURBA, AARON NAME STREET ADDRESS STREET ADDRESS 660 OLEANDER DR. CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE * Addition Change NAME STREET ADDRESS STREET ADDRESS

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 li

CITY: ST-ZIP

SIGNATURE:

CITY-ST-ZIP



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