

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT 10 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINST 07



2/22/07 90021 050 150.00
02062007 No Chg-P CR2E034 (11/05)

DOCUMENT # 855883

1. Entity Name
AERONAUTICAL RADIO, INC.



Principal Place of Business
2551 RIVA RD
ANNAPOLIS, MD 21401

Mailing Address
2551 RIVA RD
ANNAPOLIS, MD 21401

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1269436
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO BELCHER, JOHN M 256 RIVERSIDE RD EDGEWATER, MD 21037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO JONES, RICHARD F 2945 EXCELSIOR SPRINGS COURT ELLICOTT CITY, MD 21042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SADLER, A J 710 PETERSBURG RD DAVIDSONVILLE, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Controller Joan L. Decker 6514 South Wind Circle Columbia, MD 21044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan L. Decker

2/6/07

Date

(410) 266-4304

Daytime Phone #