2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004719

Title:

Name:

Address:

City-St-Zip:

FILED Mar 04, 2009 Secretary of State

Entity Nar	me: AMERIC	AN RADIO CORP., OF GEORGI	A					
Current Principal Place of Business:				New Principal Place of Business:				
1095 WINDWARD RIDGE PKWY, SUITE 100 ALPHARETTA, GA 30005				3080 NORTHFIELD PLACE SUITE 120 ROSWELL, GA 30076				
Current Mailing Address:				New Mailing Address:				
180 MAREUS BLVD HAUPPAUGE, NY 11788				150 MARCUS BLVD HAUPPAUGE, NY 11788				
FEI Number:	: 58-1632418	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certifica	te of Status De	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
8802 COR	STON, CURTI PORATE SQI VILLE, FL 32	JARE COURT, SUITE 205						
	named entity e of Florida.	submits this statement for the pu	rpose o	f changing it	ts registere	d office or re	egistered age	∍nt, or both,
SIGNATUR	RE:							
Electronic Signature of Registered Agent				Date				
Election Car	npaign Financir	ng Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	HILL, FRED L	D PLZA STE 438		Title: Name: Address: City-St-Zip:	P MALONE, T 150 MARCU HAUPPAUG		() Addition	
Title: Name: Address: City-St-Zip:	VPCO (STOEHR, CHA 150 MARCUS HAUPPAUGE,	BLD		Title: Name: Address: City-St-Zip:	VP STOEHR, C 150 MARCI HAUPPAUG		() Addition	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	VP SHELTON, I 150 MARCU HAUPPAUG		X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES M. STOEHR VΡ 03/04/2009

() Delete

() Change (X) Addition

JOHNSON, CHRIS LIS

HAUPPAUGE, NY 11788

150 MARCUS BLVD.