


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F01789 1. Entity Name HOPPER RADIO OF FLORIDA, INC. |  |
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|---|---|
| Principal Place of Business 3200 MERIDIAN PKWY WESTON, FL 33331 | Mailing Address 3200 MERIDIAN PKWY WESTON, FL 33331 |
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-2073200 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SMITH, BARRY 3200 MERIDIAN PARKWAY WESTON, FL 33331 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

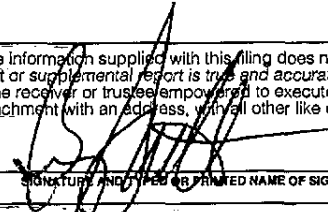
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMITH, BARRY 3200 MERIDIAN PKWY WESTON, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SMITH, HELEN 3200 MERIDIAN PKWY WESTON, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SMITH, EARL 3200 MERIDIAN PKWY WESTON, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPO SMITH, JASON H 3200 MERIDIAN PKWY WESTON, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DM SMITH, SEAN B 3200 MERIDIAN PKWY WESTON, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

1100000185326
01/21/05-80012-003 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/13/05 954-660-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #