2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001437

1. Entity Name
MULTICULTURAL RADIO BROADCASTING, INC.

Principal Place of Business	Mailing Address
449 BROADWAY NEW YORK, NY 10013	449 BROADWAY NEW YORK, NY 10013

DO NOT WRITE IN THIS SPACE

04232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
22-2425921	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLOGOWSKI, JAMES
749 S. BLUFORD AVE
OCOEE, FL 34761

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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 _____

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	05/17/07-80003-010 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	LIU, ARTHUR S
STREET ADDRESS	449 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	DV
NAME	LIU, YVONNE
STREET ADDRESS	449 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____   April 23, 07   212-966-1059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #