

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91063 022 ***150.00

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1. Entity Name

BEACON COMMUNICATIONS GROUP, INC.



Principal Place of Business

2914 SOUTH NC HWY 87
GRAHAM NC 27253

Mailing Address

2914 SOUTH NC HWY 87
GRAHAM NC 27253

34082729



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1088

Suite, Apt. #, etc.

City & State

City & State
Graham NC

4. FEI Number

56-2359699

Applied For

Not Applicable

Zip

Country

Zip

27253

Country

Alamance

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CDP ☐ Delete
NAME BAILEY, ADRIAN D JR
STREET ADDRESS 2914 SOUTH NC HWY 87
CITY-ST-ZIP GRAHAM NC 27253

TITLE DV ☐ Delete
NAME BARANOSKY, JON M
STREET ADDRESS 2914 SOUTH NC HWY 87
CITY-ST-ZIP GRAHAM NC 27253

TITLE STVD ☐ Delete
NAME HASSELL, THOMAS R
STREET ADDRESS 2914 SOUTH NC HWY 87
CITY-ST-ZIP GRAHAM NC 27253

TITLE AS ☐ Delete
NAME BAILEY, MARY T
STREET ADDRESS 2914 SOUTH NC HWY 87
CITY-ST-ZIP GRAHAM NC 27253

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D Parker, David J
STREET ADDRESS 2914 South NC Hwy 87
CITY-ST-ZIP Graham NC 27253

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2004

Date

336-227-4790

Daytime Phone #