


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90226 001 ***150.00

DOCUMENT # F06000005982

1. Entity Name
REGIONAL MARKET RADIO, INC.




Principal Place of Business
**83 STURGES HWY.
 WESTPORT, CT 06880**

Mailing Address
**83 STURGES HWY.
 WESTPORT, CT 06880**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
1400 SW Chapman Wy
 Suite, Apt. #, etc.
Suite C
 City & State
Palm City FL
 Zip Country
34990 US

40001000



04202007 Chg-P CR2E034 (12/06)

4. FEI Number
06-1495599

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCENTEE, WILLIAM
2090 PALM BCH LAKES BLVD., #300
WEST PALM BCH, FL 33409

7. Name and Address of New Registered Agent

Name **Billy McEntee**
 Street Address (P.O. Box Number is Not Acceptable)
1400 SW Chapman Wy, Suite C
 City **Palm City** FL Zip Code **34990**

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]* **Billy McEntee** DATE **4/19/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, PHILIP 83 STURGES HWY. WESTPORT, CT 06880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **Philip Brown** DATE **4/23/07** DAYTIME PHONE # **772-463-4835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR