

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**195 APR 17 PM 3: 59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Myrnam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000002944 (7)**  
1. Corporation Name  
**RADIOFONE, INC.**

Principal Place of Business <b>3131 NORTH I-10 SERVICE ROAD METAIRIE LA 70002</b>	Mailing Address <b>3131 NORTH I-10 SERVICE ROAD METAIRIE LA 70002</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>06/25/1993</b>	3a. Date of Last Report <b>02/22/1994</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>72-0850161</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>22</b>	City & State <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent represents registered when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>GARVEY, JAMES D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3131 NORTH I-10 SERVICE ROAD</b>	CITY, ST, ZIP <b>METAIRIE LA 70002</b>	12 NAME	
		13 STREET ADDRESS	
		14 CITY, ST, ZIP	
TITLE <b>CS</b>	NAME <b>GARVEY, LAWRENCE D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3131 NORTH I-10 SERVICE ROAD</b>	CITY, ST, ZIP <b>METAIRIE LA 70002</b>	22 NAME	
		23 STREET ADDRESS	
		24 CITY, ST, ZIP	
TITLE <b>TASV</b>	NAME <b>DYER, EMERY E JR</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3131 NORTH I-10 SERVICE ROAD</b>	CITY, ST, ZIP <b>METAIRIE LA 70002</b>	32 NAME	
		33 STREET ADDRESS	
		34 CITY, ST, ZIP	
TITLE <b>V</b>	NAME <b>FREEMAN, W. HARRELL</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3131 NORTH I-10 SERVICE ROAD</b>	CITY, ST, ZIP <b>METAIRIE LA 70002</b>	42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
TITLE <b>V</b>	NAME <b>TOLEDANO, CHARLES P</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3131 NORTH I-10 SERVICE ROAD</b>	CITY, ST, ZIP <b>METAIRIE LA 70002</b>	52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
TITLE <b>AS</b>	NAME <b>JEANSONNE, MARK J</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3131 NORTH I-10 SERVICE ROAD</b>	CITY, ST, ZIP <b>METAIRIE LA 70002</b>	62 NAME	
		63 STREET ADDRESS	
		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark J. Jeansonne SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/5/95 (504) 830-1525