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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002944 (7)

1. Corporation Name
RADIOFONE, INC.

Principal Place of Business
3131 NORTH I-10 SERVICE ROAD
METAIRIE LA 70002

Mailing Address
3131 NORTH I-10 SERVICE ROAD
METAIRIE LA 70002-6050



3. Date Incorporated or Qualified
06/25/1993
3a. Date of Last Report
02/07/1996

4. FEI Number
72-0850161
Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

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

(Signature of registered agent or officer and date applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GARVEY, JAMES D
STREET ADDRESS 3131 NORTH I-10 SERVICE ROAD
CITY-ST-ZIP METAIRIE LA 70002

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CS
NAME GARVEY, LAWRENCE D
STREET ADDRESS 3131 NORTH I-10 SERVICE ROAD
CITY-ST-ZIP METAIRIE LA 70002

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TASV
NAME DYER, EMERY E JR
STREET ADDRESS 3131 NORTH I-10 SERVICE ROAD
CITY-ST-ZIP METAIRIE LA 70002

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME FREEMAN, W. HARRELL
STREET ADDRESS 3131 NORTH I-10 SERVICE ROAD
CITY-ST-ZIP METAIRIE LA 70002

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME TOLEDANO, CHARLES P
STREET ADDRESS 3131 NORTH I-10 SERVICE ROAD
CITY-ST-ZIP METAIRIE LA 70002

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS
NAME JEANSONNE, MARK J
STREET ADDRESS 3131 NORTH I-10 SERVICE ROAD
CITY-ST-ZIP METAIRIE LA 70002

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

1/29/97 504-830-1525

CR2E034 (9/96)