

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/25/1993**  
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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARVEY, JAMES D	
STREET ADDRESS	3131 NORTH I-10 SERVICE ROAD	
CITY-ST-ZIP	METAIRIE LA 70002	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	GARVEY, LAWRENCE D	
STREET ADDRESS	3131 NORTH I-10 SERVICE ROAD	
CITY-ST-ZIP	METAIRIE LA 70002	
TITLE	TASV	<input type="checkbox"/> DELETE
NAME	DYER, EMERY E JR	
STREET ADDRESS	3131 NORTH I-10 SERVICE ROAD	
CITY-ST-ZIP	METAIRIE LA 70002	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREEMAN, W. HARRELL	
STREET ADDRESS	3131 NORTH I-10 SERVICE ROAD	
CITY-ST-ZIP	METAIRIE LA 70002	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TOLEDANO, CHARLES P	
STREET ADDRESS	3131 NORTH I-10 SERVICE ROAD	
CITY-ST-ZIP	METAIRIE LA 70002	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JEANSONNE, MARK J	
STREET ADDRESS	3131 NORTH I-10 SERVICE ROAD	
CITY-ST-ZIP	METAIRIE LA 70002	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BAUDOT, BRIAN	
1.3 STREET ADDRESS	3131 N. I-10 SERVICE RD	
1.4 CITY-ST-ZIP	METAIRIE LA 70002	
2.1 TITLE	CSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARVEY, LAWRENCE D.	
2.3 STREET ADDRESS	3131 N. I-10 SERVICE RD.	
2.4 CITY-ST-ZIP	METAIRIE LA 70002	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FREEMAN, W. HARRELL	
4.3 STREET ADDRESS	3131 N. I-10 SERVICE RD.	
4.4 CITY-ST-ZIP	METAIRIE LA 70002	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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* **REQUIRED** Mark J. Jeansonne (504) 837-8330

CR2E034 (10/97)