

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006266 (0)

1. Corporation Name

OLD TIME RADIO NETWORK, INC.

Principal Place of Business

BOX 16899
ROCKY RIVER OH 44116

Mailing Address

BOX 16899
ROCKY RIVER OH 44116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

4. FEI Number

34-1774892

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

21

2a. Mailing Address

26

State Apt # etc

State Apt # etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KALETTA, WILLIAM J
3748 ARNOLD AVENUE
NAPLES FL 33942

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

William J. Kalletta

4-26-95

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVC
NAME	KALETTA, WILLIAM J
STREET ADDRESS	3748 ARNOLD AVENUE
CITY, ST, ZIP	NAPLES FL 33942
TITLE	VTC
NAME	GERBER, BARRY
STREET ADDRESS	1335 KINGSWAY
CITY, ST, ZIP	WESTLAKE OH 44145
TITLE	SD
NAME	ABRAM, R. EDWARD
STREET ADDRESS	21300 LORAIN RD
CITY, ST, ZIP	FAIRVIEW PK OH 44126
TITLE	D
NAME	SPEAKER, DAVID K
STREET ADDRESS	18500 OLD LAKE RD
CITY, ST, ZIP	ROCKY RIVER OH 44116
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this report is substantially furnished and does not qualify for the exemption stated in Section 139.07(2)(b), Florida Statutes. I further certify that the information included on this annual report is a true and accurate report of the corporation's financial condition 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 registered trustee empowered to execute this report as required by Chapter 139, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY GERBER VP

4/26/95 216-331-812