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Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90146 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H00538

1. Corporation Name

CUMULUS CORP.

Principal Place of Business Mailing Address				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		- 1581315 0311 88111 00185 01100 11101 5011 01011	ÁTORI OTORI OTORI BI	(B) COUNTY (CO)
% J. V. CLOUD. JR. TWO TAMIAMI TRAIL		P.O.K	?D.Box 25427 34277					
e n. tamiami trial ste 902 3535 Sarasota Fl 3424 Sarasota Fl 34260 34239 US 34239					7//27	DO NOT WRITE IN THIS SPACE		
					، ۱۹۵۷	3. Date Incorporated or Qualifed		
00						04/24/1984		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	plied For
21 26			<u> </u>			59-2422231		Applicable (
Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	
22						g Florian Compaign Financing	\$5.00	
City & State City & State						6. Election Campaign Financing Trust Fund Contribution	Added to	- 1
Zip Country Zip			Cou	ntry		8. This corporation owes the current year In	ntangible	
24	25 29		30	30		Personal Property Tax. Yes No		
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Registered	1 Agent	
	UD I V ID		l	81	Name	•		ļ
CLOUD, J. V., JR.				82 Street Address (P.O. Box Number is Not Acceptable)				
5129 WILLOW LEAF DR. SARASOTA FL 34241			<u> </u>	_		 		
SAN	A301A FE 34241			83				
				84	City		85 Zip C	;ode
44 Durouant	to the provisions of Sections 607.050	2 and 607 1508 Florida Sta	utes the at	bove-	named corpor	ration submits this statement for the purpose of	of changing its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	i by th	e corporation	n's board of directors. I hereby accept the app	ointment as rec	jistered
agent. I ai	m familiar with, and accept the obliga	mons of, Section 607.0505, F	IDINA SIAIL	ules.				ĺ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE: Registered	Agent s	signature required v			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP	☐ DELETE	1.1 TR	TLE			Change	☐ Addition
NAME	CLOUD, J. V., JR.		1.2 NA					4
STREET ADDRESS	5129 WILLOW LEAF DRIVE				DDRESS			
CITY-ST-ZIP	SARASOTA FL 34241	☐ DELETE		TY-ST-Z	ZIP		Change	Addition
TITLE	DSV CLOUD TOUN III	□ bereie	2.1 TIT 2.2 NA		İ	•	□ onengo	
NAME	CLOUD, JOHN III 2610 CARDINAL PLACE		II.		ODRESS			
STREET ADORESS	SARASOTA FL 34239			ITY-ST-				
CITY-ST-ZIP TITLE	SANAGOTA LE STEUS	☐ DELETE	3.1 TII		-		Change	Addition
NAME			3.2 NA	AME.				
STREET ADDRESS			3.3 ST	TREET A	ADDRESS			
CITY-ST-ZIP			3.4. CI	ITY-ST-	-ZIP			
TITLE		DELETE	4.1 TR	TLE			Change	☐ Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 \$T	TREETA	ADDRESS			
CITY-ST-ZIP				TY-ST-	ZIP			☐ Addition
TITLE		☐ DELETE	5.1 TIT				Change	AOUIDON
NAME			52 NA		UUDESS			}
STREET ADDRESS				TY-ST-	ADDRESS			
CITY-ST-ZIP		DELETE	6.1 TIT		<u> </u>		☐ Change	Addition
TITLE		الماليان	6.2 NA					
NAME					ODRESS			
STREET ADDRESS	1				l l			

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, with all other like empowered.

6.4 CITY- ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

941-952-1000

Daytime Phone #