## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## H25666 DOCUMENT #

1. Entity Name

JACKSON COUNTY RADIO, INC.

Principal Place of Business 7371 COX ROAD BASCOM FL 32423				Mailing Address 7371 COX ROAD BASCOM FL 32423					vvvv	HOJE	,	
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2. Principal Place of Business			<b>3.</b> Ma	3. Mailing Address								
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Suite, Apt.	. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Star	te		City	City & State			4. FEI Number 59	-2459893			pplied For t Applicable	3
Zip	p Country		Zip	Zip		Country		tus Desired		.75 Add Require		
	6. Name	and Address	of Current Register				7. Name and Address of New Registered Agent					
LIADT IAI	 HEO W. JD.			era energia en para en	Name*	*3	The second secon					
7371 COX	MES W. JR. ( ROAD				Street A	Street Address (P.O. Box Number is Not Acceptable)						
BASCOM	FL 32423											
					City				FL	Zip Code	9	1
8. The above the obligation	e named entity tions of regist	y submits this s ered agent.	tatement for the purp	cose of changing its re	egistered office o	r registere	d agent, or both, in th	e State of Floric	la. I am fam	iliar with,	and accept	
SIGNATURE			gistered agent and title if app									
				DIICADIE. (NOTE: H	Registered Agent signa	ture required v	hen reinstating)		DATE			-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			\$550.00					Campaign Finar d Contribution.	ncing		May Be to Fees	
10.		OFFI	CERS AND DIRECTO	DAS	11.		ADDITIONS/CHAN	GES TO OFFIC	ERS AND DI	RECTORS	S IN 11	-
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**FILED** Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90018 025 \*\*\*150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR