## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2007 08:00 AM Secretary of State

DOCUMENT # H53081  1. Entity Name GLOBAL RADIO, INC.			
Principal Place of Business	Mailing Address		
3816 E GULF TO LK HWY Inverness, FL 34453	PO BOX 2035 Inverness, FL 34451	US	
	, , , , , , , , , , , , , , , , , , , ,		

DO NOT WRITE IN THIS SPACE							
		03132007 4. FEI Numbi 59-253	03132007 No Chg-P CR2E034 (11/05)  4. FEI Number				
	6. Name and Address of Current Regis	tered Agent		<del> </del>	<u> </u>		
WEBB, ROBERT H. JR. 5326-B S. FLORIDA AVE. INVERNESS, FL 34450			DO NOT WRITE IN THIS SPACE				
the obligati	named entity submits this statement for the pons of registered agent.	urpose of changing its registere	ed office or reg	istered agent, or bo	th, in the State of Flo	orida I an	n familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable. (NOTE Registered	i Agent signature re	quired when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	1		
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITEHEAD, CHARLES E. 5326-B S. FLORIDA AVE. INVERNESS, FL 34450			,	U00000	372813 Johnna	81 5-003 150.00
NAME STREET ADDRESS CITY - ST - ZIP	WEBB, ROBERT H. 140 W KELLER ST HERNANDO, FL 34442		DO NOT WRITE				100.00
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PAC	E
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: Fort Well

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07 3527262700

Daytime Phone #