


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90037 039 \*\*\*150.00

<b>DOCUMENT # H61570</b> 1. Entity Name <b>GBH RADIO, INC.</b>																																									
Principal Place of Business <b>C/O GISELA HUBERMAN 5022 FISHER ISLAND DRIVE FISHER ISLAND FL 33109</b>				Mailing Address <b>C/O GISELA HUBERMAN 5022 FISHER ISLAND DRIVE FISHER ISLAND FL 33109</b>																																					
2. Principal Place of Business <b>5012 FISHER ISLAND DR.</b> Suite, Apt. #, etc. <b>FISHER ISLAND, FL</b> City & State		3. Mailing Address <b>C/O GISELA HUBERMAN</b> Suite, Apt. #, etc. <b>5012 FISHER ISLAND DR.</b> City & State <b>FISHER ISLAND, FL</b>																																							
Zip <b>33109</b>	Country <b>USA</b>	Zip <b>33109</b>	Country <b>USA</b>	4. FEI Number <b>59-2548497</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																																					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				MOORE CR2E034 (11/03)																																					
6. Name and Address of Current Registered Agent <b>HUBERMAN, GISELA B 5022 FISHER ISLAND DR FISHER ISLAND FL 33109</b>				7. Name and Address of New Registered Agent Name <b>HUBERMAN, GISELA B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5012 FISHER ISLAND DR</b> <b>FISHER ISLAND</b> City <b>FL</b> Zip Code <b>33109</b>																																					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Gisela Huberman</i></u> <span style="float: right;">2/26/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PSTD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HUBERMAN, GISELA B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3907 SOUTH OCEAN BOULEVARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIGHLAND BEACH FL 33487</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PSTD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HUBERMAN, GISELA B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5012 FISHER ISLAND DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FISHER ISLAND, FL 33109</td> <td></td> </tr> </table>				TITLE	PSTD	<input type="checkbox"/> Delete	NAME	HUBERMAN, GISELA B		STREET ADDRESS	3907 SOUTH OCEAN BOULEVARD		CITY-ST-ZIP	HIGHLAND BEACH FL 33487		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	HUBERMAN, GISELA B		STREET ADDRESS	5012 FISHER ISLAND DR.		CITY-ST-ZIP	FISHER ISLAND, FL 33109		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Gisela Huberman</i></u> <b>GISELA HUBERMAN</b> <span style="float: right;">2/26/04 305-674-8970</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																									