2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 24, 2006 08:00 AM Secretary of State DOCUMENT # H67353 1. Entity Name RADIO MARKETING, INC. Principal Place of Business Mailing Address 996 N PHELPS AVE WINTER PARK FL 32789 996 N PHELPS AVE WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite. Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied Fc 4. FEI Number 59-2576769 Not Applica Zio Country ZID Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAZIO, CHARLES P. 996 N PHELPS AVE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 Zip Code 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tifle if applicable (NOTE: Registered Agent signature required when reinstatung) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PS TIRE ☐ Change ☐ Add ☐ Delete NAME FAZIO, C.P. NAME STREET ADDRESS 1920 WOODEREST DR #13 STREET ADDRESS 1100000446314 <u>03/08/06</u> 80008-011 150.08 CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE Delete HILE ☐ Change MAME FAZIO, C P MAME STREET ADDRESS STREET ADDRESS 1920 WOODCREST DR #13 C/TY-\$7-2\P WINTER PARK FL 32792 CITY-ST-ZIP 3371.5 ☐ Detete aut □ Adr ☐ Change NAME NAME FAZIO, VIOLA STREET ADDRESS 1920 WOODCREST DR #13 STREET ADDRESS CITY-ST-ZIP CCTY-ST-ZIP WINTER PARK FL 32792 THEE Defete TIME Chance ☐ Mc** NAME MAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP Delete TITLE ☐ Change NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-Z7P CITY-ST-ZIP TITC€ ☐ Detete TITLE ☐ Mair ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CCTY-ST-709 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

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