

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90022 001 ***150.00

DOCUMENT # J14879

1. Entity Name
**SOUTHERN BROADCAST CORPORATION OF
SARASOTA**



Principal Place of Business
**1477 10TH STREET
SARASOTA, FL 34236 US**

Mailing Address
**C/O J. MANUEL CALVO
1477 10TH STREET
SARASOTA, FL 34236 US**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2698542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENNINGHOFF, JEFFREY S
1477 10TH STREET
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BIRCH, EDWARD J
STREET ADDRESS	8400 ROUTE 13
CITY-ST-ZIP	LEVITTOWN, PA
TITLE	P
NAME	CALVO, MANUEL J
STREET ADDRESS	5725 LAWTON DR
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	VD
NAME	SMITH, CAROLYN C
STREET ADDRESS	8400 ROUTE 13
CITY-ST-ZIP	LEVITTOWN, PA
TITLE	VD
NAME	ELLIS, SHIRLEY C
STREET ADDRESS	8400 ROUTE 13
CITY-ST-ZIP	LEVITTOWN, PA
TITLE	VSD
NAME	HARDY, SANDRA C
STREET ADDRESS	8400 ROUTE 13
CITY-ST-ZIP	LEVITTOWN, PA
TITLE	CD
NAME	SHORTS, GARY
STREET ADDRESS	8400 ROUTE 13
CITY-ST-ZIP	LEVITTOWN, PA

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #