


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90013 046 \*\*\*158.75

**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
--	---

40043532

**DO NOT WRITE IN THIS SPACE**



03152007 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

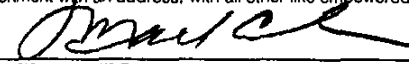
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BIRCH, EDWARD J 8400 ROUTE 13 LEVITTOWN, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CALVO, MANUEL J 5725 LAWTON DR SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SMITH, CAROLYN C 8400 ROUTE 13 LEVITTOWN, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ELLIS, SHIRLEY C 8400 ROUTE 13 LEVITTOWN, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HARDY, SANDRA C 8400 ROUTE 13 LEVITTOWN, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SHORTS, GARY 8400 ROUTE 13 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:**  **J. Manuel Calvo /GH** **3-20-07** **(941) 552-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #