## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # J21914**

1. Entity Name

WODLINGER BROADCASTING OF NAPLES, INC.



Principal Place of Business

700 11TH ST S

#PH 3

NAPLES, FL 34102 US

Mailing Address

C/O STEVEN E. CLARK, CPA 700 11TH ST. SOUTH, #PH3

NAPLES, FL 34102 U



**FILED** 

Apr 02, 2004 08:00 AM Secretary of State

02042004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2715707

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CLARK, CPA S 700 11TH ST S #PH3 NAPLES, FL 34102 DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pu ions of registered agent.	rpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am t	amiliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable. (NOTE, Registered	Agent signature required when reinstating)	).jpd U1000000 - 6100 <del>0 - 61</del> /2010	MARIE TOWN 1995
	E NOW!!! FEE IS \$158.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Finant Trust Fund Contribution.</li> </ol>	cing \$5.00 May Be Added to Fees	011 (40) (21) (30)	Anglifered de de juiel fail to mail fraid
10.	ÓFFICERS AND DIREC	TORS	11.14.14.14.1		
NAME STREET ADDRESS CITY-ST-ZIP	PD WODLINGER, STEPHEN R. 182 AXON RD #240 AVON, CO 81620		and applied to 100 and	mage beginning and a second and	
HILE NAME STREET ADDRESS CHY-ST-ZIP	VD WODLINGER, KEVIN M. 805 HAMPTON PLACE RD. MONETT, MO	-	A CONTRACTOR OF THE PROPERTY O		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	TD WODLINGER, MICHAEL H. 4716 WEST 86TH ST PRAIRIE VILLAGE, KS		DO	NOT WRITI	
THILE NAME STREET ADDRESS CHTY-ST-ZIP	S CLARK, CPA S 700 11TH ST S #PH3 NAPLES, FL 34102		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not quality 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 adorgate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or trustee empowered for effect, 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 girlef life empowered.

SIGNATURE:

TATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 910 914-01