**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J81799  1. Entity Name EXPRESS RADIO, INC.					Feb 17, 2002 8:00 am Secretary of State 02-17-2002 90080 034 ***150.00			
Principal Place of Business 10850 WILES ROAD CORAL-SPRINGS FL 33076 US		Mailing Address  10850 WILES ROAD  CORAL SPRINGS FL 33076  US						
2. Principal Place of Business		3. Mailing Address				811 91011 BIBII <b>8</b> 1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4</b> . F	59-2841964	_ <del></del>	plied For at Applicable	
Zip	Country	Zip	Country	5. (		\$8.75 Add Fee Required		
	6. Name and Address of Current Re	egistered Agent		7. N	Name and Address of New Registered A	igent		
WEINBERG, STEVEN A, ESQ 8000 PETERS RD			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)				
JACARANDA PARK OF COMMERCE PLANTATION FL 33324		City			FL Zip Code			
Tax filling r	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so. ia on back)	FILE NOW!!! After May 1, 200	Registered Agent signature requirements PRE IS \$150.00 PRE WILL BE \$550.00 Registered Agent signature requirements PRE IS \$150.00 Registered Agent signature requirements Registered Agent signature requireme	)	ainstating) DATE  10. Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees	
11.	OFFICERS AND DI	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRUEHLING, GENE R. 9100 NW 68TH COURT PARKLAND FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicatéd of the cor	on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, wit	rue and accurate and that my rered to execute this report a	y signature shall have th is required by Chapter 6	e same 107, Flori	119.07(3)(i), Florida Statutes. I further cer legal effect as if made under oath; that I a da Statutes; and that my name appears in	am an officer	or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

1-7-07

957-349 - 905 C)
Daytime Phone #