FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 21 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12145 (3)

1. Corporation Name
WMOP RADIO, INC.

Principal Place of Business	Mailing Address
343 NE FIRST AVE P O BOX 3930 OCALA FL 32670	343 NE FIRST AVE P O BOX 3930 OCALA FL 32670

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1989
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2963387 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KIRK JR, JAMES E.
343 NE FIRST AVE
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	1.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	KIRK, MARY F	1.2 NAME	Kirk, Mary F.	
STREET ADDRESS	1137 SE 7TH STREET	1.3 STREET ADDRESS	1137 SE 7th St.	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE		2.1 TITLE	President	☐ Change ☒ Addition
NAME		2.2 NAME	Kirk, Richard F.	
STREET ADDRESS		2.3 STREET ADDRESS	1515 SE 13th St.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE		3.1 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME		3.2 NAME	Carpenter, Carol	
STREET ADDRESS		3.3 STREET ADDRESS	710 SW 73rd St. Road	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ocala, FL 34476	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol Carpenter 3/14/1995 904-732-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0497016 FP