**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L47287** **(2)**

1. Corporation Name

**WSOS-FM, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2715 STRATTON ROAD<br>P.O. BOX 3866<br>ST. AUGUSTINE FL 32085 | 2715 STRATTON ROAD<br>P.O. BOX 3866<br>ST. AUGUSTINE FL 32085 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1990
3a. Date of Last Report: 05/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2715 STRATTON Blvd. | 26 2715 STRATTON Blvd. |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: ST. AUGUSTINE, FL | 28 City & State: ST AUGUSTINE, FL |
| 24 Zip: 32095 25 Country | 29 Zip: 32095 30 Country |

4. FEI Number: 59-2995907 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| ROSEMAN, ZOE<br>2715 STRATTON BLVD.<br>600 N. FLORIDA AVENUE, STE. 1700<br>ST. AUGUSTINE FL 32095 | 81 Name: Smith, Michael H<br>82 Street Address (P.O. Box Number is Not Acceptable): 2715 STRATTON Blvd<br>83<br>84 City: ST. AUGUSTINE FL 85 Zip Code: 32095 |

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: Michael H Smith — Michael H Smith — DATE: 7/26/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ROSEMAN, ZOE S.<br>311 112TH AVE NE<br>ST. PETERSBURG FL | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | DELETE<br>No longer with Corp | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>ROSEMAN, RONALD L.<br>311 112TH AVE NE<br>ST. PETERSBURG FL | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ROSEMAN, ED<br>4244 W WATERS AVENUE<br>TAMPA FL | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (3/95)

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:** Ed Roseman — 7/26/95 — 813-886-3733
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0183303 FP