

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED

11 MAY -4 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L75799
1. Entity Name
The
Great Marathon Radio Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Box 500940
Sulle, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Marathon, FL

City & State

4. FEI Number
62-1706161

| | |
|----------------|-------------------------------------|
| Applied For | <input type="checkbox"/> |
| Not Applicable | <input checked="" type="checkbox"/> |

Zip
33050

Country
USA

Zip

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Joseph Nascone

Street Address (P.O. Box Number is Not Acceptable)
One Bool Key

City
Marathon

State
FL

Zip Code
33050

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 Joseph Nascone, President

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11.

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Joseph Nascone One Bool key Marathon, FL 33050 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400207210944 05/04/11--01046--002 **150.00 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>B 5/4/11</i> |
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12: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *J Nascone* Joseph Nascone, President 4-25-11 305-395-1837

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