2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005
Secretary of State

DOCUMENT# N00000003483

Entity Name: POLK AREA COMMUNITY RADIO, INC.

Current Principal Place of Business:

219 GREEN MEADOWS DR.
WINTER HAVEN, FL 33884

New Principal Place of Business:

219 GREEN MEADOW DR.
WINTER HAVEN, FL 33884

Current Mailing Address:

219 GREEN MEADOWS DR.
WINTER HAVEN, FL 33884

New Mailing Address:

219 GREEN MEADOW DR.
WINTER HAVEN, FL 33884

FEI Number: 03-2385654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONSALVES, FRANK
219 GREEN MEADOWS DR.
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

GONSALVES, FRANK
219 GREEN MEADOW DR.
WINTER HAVEN, FL 33884 US

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.

SIGNATURE: _____ 03/23/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GONSALVES, FRANK
Address: 219 GREEN MEADOW DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPTD ( ) Delete
Name: GONSALVES, DIANNE
Address: 219 GREEN MEADOW DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: ID ( ) Delete
Name: SENKELESKI, MICHAEL
Address: 158 SWEET CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK GONSALVES PD 03/23/2005
Electronic Signature of Signing Officer or Director — Date