FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90821 001 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004715

1. Entity Name
RADIO GAINESVILLE, INC.

Principal Place of Business	Mailing Address
~~6212 SW 8TH PLACE~~ ~~GAINESVILLE, FL 32607~~	~~6212 SW 8TH PLACE~~ ~~GAINESVILLE, FL 32607~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3444 NW 51st Ave	3444 NW 51st Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32605 Country: ALACHUA	Zip: 32605 Country: ALACHUA

4. FEI Number — Applied For ☐ / Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKOK, KENNETH ~~6212 SW 8TH PLACE~~ ~~GAINESVILLE, FL 32607~~	Name Street Address (P.O. Box Number is Not Acceptable) 3444 NW 51st Ave City Gainesville FL Zip Code 32605

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: K Skok 4/30/3
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKOK, KENNETH ~~6212 SW 8TH PLACE~~ ~~GAINESVILLE, FL 32607~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D SKOK, KENNETH 3444 NW 51st Ave Gainesville, FL 32605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRICK, MONICA 425 SE 8TH STREET GAINESVILLE, FL 32601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUSSETTI, ERIN 427 SE 8TH STREET GAINESVILLE, FL 32601	☒ 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	D DiPietro, Joe 2505 NW 67th St Gainesville, FL 32605 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marshall Sutherland 3011 NW 63rd Place Gainesville, FL 32653 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2EC037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K Skok 4/30/3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #