2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 AM
Secretary of State

DOCUMENT# N01000009019

Entity Name: AMERICAN RADIO PRESERVATION FOUNDATION, INC.

Current Principal Place of Business:

508 GLENWOOD DRIVE
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

508 GLENWOOD DRIVE
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWARTZ, SHELDON JAY
508 GLENWOOD DRIVE
WEST PALM BEACH, FL 33415

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SWARTZ, SHELDON JAY
Address: 508 GLENWOOD DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D ( ) Delete
Name: KENNEDY, TOM
Address: 508 GLENWOOD DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D ( ) Delete
Name: HILL, RICHARD
Address: 508 GLENWOOD DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D ( ) Delete
Name: MOUNT, PAUL
Address: 508 GLENWOOD DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: KENNEDY, TOM
Address: 508 GLENWOOD DRIVE
City-St-Zip: LINCOLN, MA 33415

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: SHELDON SWARTZ D 03/05/2002

Electronic Signature of Signing Officer or Director — Date