

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004840

FILED
Jan 12, 2004
Secretary of State**Entity Name:** KEY WEST RADIO CORPORATION**Current Principal Place of Business:**6910 NW 2ND TERRACE
BOCA RATON, FL 33487**New Principal Place of Business:****Current Mailing Address:**6910 NW 2ND TERRACE
BOCA RATON, FL 33487**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:**LACY, WILLIAM R
6910 NW 2ND TERRACE
BOCA RATON, FL 33487 US**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: PD () Delete
Name: LACY, WILLIAM R
Address: 6910 NW 2ND TERRACE
City-St-Zip: BOCA RATON, FL 33487

Title: VD () Delete
Name: LACY, DAN
Address: 6910 NW 2ND TERRACE
City-St-Zip: BOCA RATON, FL 33487

Title: SD () Delete
Name: LACY, LUCILLE A
Address: 6910 NW 2ND TERRACE
City-St-Zip: BOCA RATON, FL 33487

Title: VD (X) Delete
Name: BELCHER, JOHN A
Address: 301 E. COLORADO BLVD., SUITE 200
City-St-Zip: PASADENA, CA 91101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VS (X) Change () Addition
Name: BELCHER, JOHN A
Address: 301 E. COLORADO BLVD., SUITE 200
City-St-Zip: PASADENA, CA 91101

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: WILLIAM R LACY

PD

01/12/2004

Electronic Signature of Signing Officer or Director

Date