

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004840

FILED
Mar 28, 2003
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

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: P () Delete
Name: LACY, WILLIAM R
Address: 6910 NW 2ND TERRACE
City-St-Zip: BOCA RATON, FL 33487

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LACY, WILLIAM R
Address: 6910 NW 2ND TERRACE
City-St-Zip: BOCA RATON, FL 33487

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

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

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: LUCILLE A. LACY

SD

03/28/2003

Electronic Signature of Signing Officer or Director

Date