

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N15791**

1. Entity Name

WBVM-90.5-FM, INC.

Principal Place of Business

**2816 MORRISON AVENUE
TAMPA FL 33609
US**

Mailing Address

**6363-9TH AVE.,N.
ST. PETERSBURG FL 33710**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2690242

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WARD, PAUL A.,JR.
6363-9TH AVE.,N.
ST. PETERSBURG FL 33743**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete**VD
NAME MULDON, BRENDAN
STREET ADDRESS 6363-9TH AVE. NO.
CITY-ST-ZIP ST. PETERSBURG FL**TITLE ☐ Delete**ST
NAME WARD, PAUL A.,JR.
STREET ADDRESS 6363-9TH AVE.,N.
CITY-ST-ZIP ST. PETERSBURG FL**TITLE ☐ Delete**VD
NAME GIBBONS, ROBERT C.
STREET ADDRESS 6363 9TH AVE NORTH
CITY-ST-ZIP ST. PETERSBURG FL**TITLE ☐ Delete**C
NAME LYNCH, ROBERT N.
STREET ADDRESS 6363-96H AVE N
CITY-ST-ZIP ST PETERSBURG FL**TITLE ☐ Delete**S
NAME DEPTULA, ELIZABETH M
STREET ADDRESS 6363-96H AVE N
CITY-ST-ZIP ST PETERSBURG FL**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

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:

*Paul A. Ward, Jr.***FILED
Sep 18, 2001 8:00 am
Secretary of State**

09-18-2001 90081 014 ****61.25



DO NOT WRITE IN THIS SPACE

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