


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N15791</b> 1. Entity Name WBVM-90.5-FM, INC.	
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Principal Place of Business 2816 MORRISON AVENUE TAMPA, FL 33609 US	Mailing Address 6363-9TH AVE.,N. ST. PETERSBURG, FL 33710
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03192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2690242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DIVITO, JOSEPH A 4514 CENTRAL AVE SAINT PETERSBURG, FL 33711
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

UDD0000139021  
04/29/04-80103-005 367.50

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULDON, BRENDAN 6363-9TH AVE. NO. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARD, PAUL A., JR. 6363-9TH AVE., N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBBONS, ROBERT C. 6363 9TH AVE NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LYNCH, ROBERT N. 6363-96H AVE N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEPTULA, ELIZABETH M 6363-96H AVE N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBER, ALAN 6363-9TH AVE. NO. ST. PETERSBURG, FL

**DO NOT WRITE  
IN THIS SPACE**

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: Elizabeth M Deptula 4/29/04 727-344-6411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #