

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15791

FILED
Apr 15, 2009
Secretary of State

Entity Name: WBVM-90.5-FM, INC.

Current Principal Place of Business:

2816 MORRISON AVENUE
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2690242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIVITO, JOSEPH A
4514 CENTRAL AVE
SAINT PETERSBURG, FL 33711 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: C () Delete
Name: LYNCH, ROBERT N REV
Address: 6363-9TH AVE. NO.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D/P () Delete
Name: MORRIS, ROBERT REV.
Address: 6363-9TH AVE.,N.
City-St-Zip: ST.PETERSBURG, FL 33710

Title: DVP () Delete
Name: DEPTULA, ELIZABETH
Address: 6363 9TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: DVP () Delete
Name: MURPHY, FRANK
Address: 6363-96H AVE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: D/S () Delete
Name: MORGAN, JOAN
Address: 6363-96H AVE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: T () Delete
Name: WARD, PAUL
Address: 6363-9TH AVE. NO.
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 exemption stated in Chapter 119, 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: JOSEPH A. DIVITO

RA

04/15/2009

Electronic Signature of Signing Officer or Director

Date