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**'NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham"

Secretary of State **DIVISION OF CORPORATIONS** 

1000

|  | 1930  |  |   |  |  | 1  |                                      |  |                              |
|--|---|--|---|--|--|--|--------------------------------------|--|------------------------------|
| POCU<br>Corporatio   | MENT # N960   | 000004   | 990 (5  | )  |  |  |                                      |  |                              |
| RADIO  | COMPAS PROMOTION  | I, INC.  |   |  |  | 1  |                                      |  |                              |
|  | •   | ., ., ., .   |   |  |  |  | <b>ar</b> h <b>a</b> rh <b>a</b> rh  |  | OJU <b>ar</b> nja <b>r</b> n |
| Principal Plac   | e of Business   | Mailin   | g Address   |  |  | {  |                                      |  | OUR DOWN IDDA                |
| 11645 BISCAYNE BLVD. SUITE 102 11645 BISCAYNE BLVD. SUITE 10   |   |  |   |  |  | 3. Date Incorporated or Qualified  |                                      |  | ····                         |
| MAMI FL 33181  |   | MAM  | FL 33181  |  |  | 09/26/1996   |                                      | <del>- ,</del>                                 |                              |
|  |   |  |   |  |  | 4. FEI Number  |                                      | <del></del>                                    | optied For<br>ot Applicable  |
| _ `  | Piace of Business   | 2a. Ma   | ailing Address  |  |  | NOT APPLICABLE  5. Certificate of Status Desired                                       |                                      |  | Additional                   |
| Suite, Apt. #, etc.  |   | 26   | 26 Suite, Apt. #, etc.                                    |  |  |  |                                      | Fee Required<br>\$5.00 May Be<br>Added to Fees |                              |
|  |   | <b>├</b> ~¬  |   |  |  | 6. Election Campaign Financing Trust Fund Contribution                                 |                                      |  |                              |
| _ City & State   | e   | <b>├</b> ─¬  | ly & State  |  |  | 7. Is this nonprofit corporation a   |                                      |  | n?                           |
| Zip  | Country   | 28 Zij   | D   | Cou  | untry  | 8. This corporation owes or has p  |                                      | No<br>ent vear in                              | tangible                     |
| 4  | 25  | 29   |   | 30   |  | Personal Property Tax due Jun  | ne 30. 🗀                             | Yes [  | No                           |
|  | 9. Name and Address of C  | Current Registere  | ed Agent  |  | 81 Name  | 10. Name and Address of New R  | legistered A                         | gent   |                              |
| AUBRY.   | AN <b>O</b> RE J  |  |   |  | 82 Street Add  | fress (P.O. Box Number is Not Accepte  | able)                                | . <u>.</u>                                     |                              |
| 3616 HIBISCUS PLACE  |   |  |   |  |  | TOO (1.0. BOX Hambo) To Hot Accopt   |                                      |  | <del></del>                  |
| MIRAMAI  | R FL 33023  |  |   |  | 83   |  |                                      |  |                              |
|  |   |  |   |  | 84 City  |  | FL                                   | <b>85</b> Zip                                  | Code                         |
|  |   |  |   |  | '  |  | rL                                   |  |                              |
| 1. Pursuant  | to the provisions of Sections 61  | 7.0502 and 617.1   | 1508, Florida Stat  | utes, the a  |  | poration submits this statement for the  |                                      | changing i                                     | ts registered                |
|  | to the provisions of Sections 61 egistered agent, or both, in the im familiar with, and accept the  | 7.0502 and 617.1<br>State of Florida<br>obligations of, Se | 1508, Florida Stat<br>Such change was<br>action 617,0503, | utes, the als<br>authorize<br>Florida Stat   |  | poration submits this statement for the stion's board of directors. I hereby acception |                                      | changing i<br>pintment as                      | ts registered<br>registered  |
| SIGNATURE .  | Signature, typed or printed name of register  | ga k olld bna fnega bere                                   | plicable (N   | OTE: Registere   |  | vived when reinstaring)  | purpose of o<br>ept the appo         |  |                              |
| SIGNATURE _  | Signature, typed or printed name of registr   |  | plicable (N   | OTE: Registere   | bove-named corp<br>d by the corpora<br>tutes.  |  | purpose of c<br>ept the appo<br>DATE | DIRECTOR                                       | RS IN 12                     |
| SIGNATURE .<br>12.<br>TITLE  | Signature: typed or printed name of registronic OFF ICEF  | ga k olld bna fnega bere                                   | plicable (N   | OTE: Registere   | bove-named corpora d by the corpora tutes.  d Agent signature requ   | vived when reinstaring)  | purpose of c<br>ept the appo<br>DATE |  | RS IN 12                     |
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| SIQNATURE _  12.  ITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signature, typed or printed name of register OFFICER PD AUBRY, ANDRE J  | ga k olld bna fnega bere                                   | plicable (N   | OTE: Registere 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI   | bove-named corp d by the corpora tutes.  d Agent signature requ  TLE  AME.  TREET ADDRESS  ITY-SI-ZIP  | vived when reinstaring)  | purpose of cept the appo             | DIRECTOR                                       | RS IN 12                     |
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Secretary of State