FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

· 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🕶

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700000964 (3)

STAR RADIO INCORPORATED

FILED Mar 06 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			T TORKHOL BID FOUN JORK BRINT BRY	i) 00 03 0	DIE 30 440 10110 1	ALUIT O'RE LEAD	
POST OFFICE BOX 2524 POST OFFICE BOX 2524		524			Date Incorporated or Qualified	1			
INVERNESS FL 34451 INVERNESS FL 34451						02/20/1997	•		
						4. FEI Number		Ar	oplied For
		-				65-0809127		No	ot Applicable
2. Principal Place of Business 22. Malling Address 23. Malling Address 29. 690 NW				-7-bu	_	5. Certificate of Status Desired		•	Additional
Suite, Apt.	2 14 Ad P 1 1 1 Par C	26 6410 N		m Jenne	e	6. Election Campaign Financing		A	equired
22		27	.,			Trust Fund Contribution		\$5.00 to Added to	
City & State City & State				0 \	`.	7. Is this nonprofit corporation a	homeowne	e associatio	n?
23 800	a KANDO Florida	28	Dar	Rober H	orky.			□ No	
24 334	187 25 USA	20 3348T	30	Country USA		8. This corporation owes or has personal Property Tax due Jus			tangible No
[24]	9. Name and Address of Current		1901	\~~\		10. Name and Address of New F			J 140
R1 Nama									
LACY, ERLIAM R					Addres	es (P.O. Boy Number is Northcont	ahla)		
105 N. SEMINOLE AVENUE				02 00000	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ss (P.O. Box Number is Not Accept	فردمدد		
INVERNESS FL 34450				63	6	Baca Ration Fl			
				64 City		D D		85 Zip (Code
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\									487
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
1 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
SIGNATURE .	stered Agent signature	e required	f when reinstating)	DATE	11/20				
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	
TITLE	Chambine cham	DELEVE		1.1 TITLE	Civ	morrison Later	75	Ohange .	Addition
NAME	LAW 2rd Terra	•		1.2 NAME	M	April 10 to 100		•	
STREET ADDRESS		londa 33487		1.3 STREET ADDRESS	10	10 10 2			1
CITY-ST-ZIP	BOXA RATEN, +	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE	7		,	☐ Change	Addition
NAME	Lucille Ann Law			2.2 NAME					
STREET ADDRESS	6910 NW 2nd For	The Date of	[:	2.3 STREET ADDRESS					
CITY-ST-ZIP	l 16	101.6x 33487		2. 4 CITY - ST - ZIP					
TITLE	Diregor,	DELETE	•	3.1 TITLE	l			Change	☐ AddItion
NAME	Elizabeth Licitelan	_		3.2 NAME	1				
STREET ADDRESS	6410 NW ZWA TELLE	・ っている…	7	3.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	DOCA RATOS FIO	DELETE		3.4. CITY-ST-ZIP 6.1 TITLE	├			Change	Addition
NAME	'			I. 2 NAME				CT outside	
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP				I.4 CITY - ST - ZIP					
TITLE		DELETE		5.1 TITLE				☐ Change	☐ Addition
NAME			[6	5.2 NAME					
STREET ADDRESS			[6	5.3 STREET ADDRESS					ļ
CITY-ST-ZIP		I ne ere		5.4 CITY - ST - ZIP	ļ			[] Observe	Addition
TITLE		☐ DELETE		5.1 TITLE				Change	Addition
NAME STREET ADDRESS				3.2 NAME					
CITY-ST-ZIP				5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
VIII-01-417	<u></u>			1-T VII 1" Ø1" LIF					

14. 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 annual report or supplemental annual report is true and securate 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 13 if changed, or on an attachment with an address.

SIGNATURE.

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Bear Market

J. ala

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