## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # N9800003705 Mar 22, 2000 8:00 am **Secretary of State** CHRISTIAN RADIO MEDIA, INC. 03-22-2000 90088 035 \*\*\*\*61.25 Principal Place of Business Mailing Address 7311 GROVER CLEVELAND BLVD. 7311 GROVER CLEVELAND BLVD. HOMOSASSA FL 34446-1311 HOMOSASSA FL 2. Principal Place of Business 8145 w. PEBBLE LANE 3. Mailing Address 8145 W. PEBBLE LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City'& State 4. FEI Number Applied For 59-3519065 HomospssA. OMOSASSA Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ITRUS CITRUS. 34448 34448 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETER J. SWARTZ Street Address (P.O. Box Number is Not Acceptable) SWARTZ, PETER J JR. 7311 GRÖVER CLEVELAND BLVD. 8145 W. BEBBLE LANC HOMOSASSA FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS I 11. 10. TITLE TITLE ☐ Delete PETER J. SWAITZ JR SWARTZ\_PETER J JR. NAME NAME 8145 W. PEBBLE LANG STREET ADDRESS 3829 N. MUSCASDINE PATH STREET ADDRESS CITY-ST-ZIP BEVERLY MILLS FL 34465 HomosASSA, 7.L CiTY-ST-ZIP TVP ☐ Change ☐ Addition Delete Delete TITLE TITLE KOERNER, SUZANNE E NAME NAME STREET ADDRESS STREET ADDRESS 118 N.E. 2ND. STREET CITY-ST-ZIP -CITY-ST-7IP CRYSTAL RIVER FL 34429 ☐ Change ☐ Addition TITLE Π ☐ Delete TITLE NAME BOLES, FRANK NAME STREET ADDRESS STREET ADDRESS 6432 W SEVEN RIVERS DR. CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL 34429 JANET SWATTZ 8145 W. PEBBLE LANE ☐ Addition ☐ Delete TITLE SWARTZ-CHERYLA NAME NAME STREET ADDRESS 3829 N. MUSCADINE PATH STREET ADDRESS 40mos ASSA, FL 34448 CITY-ST-ZIP BEVERLY HILLS FL 34465 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: 3-21-2000 352-382-3906