

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90217 050 ****70.00

DOCUMENT # N99000000276					
1. Entity Name RADIO BROADCASTERS ALLIANCE OF TAMPA BAY, INC.					
Principal Place of Business 400 N ASHLEY DRIVE SUITE 2300 TAMPA, FL 33602			Mailing Address 400 N ASHLEY DRIVE SUITE 2300 TAMPA, FL 33602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3545317	
Zip		Country		City & State	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANNOCK, STEVEN L HOLLAND & KNIGHT LLP 400 N ASHLEY STREET TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME CATTARIUS, NANCY STREET ADDRESS 404 W. LIME STREET CITY - ST - ZIP LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Vila, Marc L. STREET ADDRESS 5203 Armenia Ave. CITY - ST - ZIP Tampa, FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME VILA, MARC L STREET ADDRESS 5203 ARMENIA AVENUE CITY - ST - ZIP TAMPA, FL 33603	<input type="checkbox"/> Delete		TITLE VD NAME Mohammad, Louis STREET ADDRESS 5207 Washington Blvd. CITY - ST - ZIP Tampa, FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME TURNER, CHRIS STREET ADDRESS C/O WTBN 504 N. REO STREET CITY - ST - ZIP TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			Chris Turner		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: April 15, 2006		
Daytime Phone #			813-416-3386		

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