

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90758 038 ****70.00

DOCUMENT # *N99000002941*

1. Entity Name

FM 91.9 INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1102 MORGAN ROAD

Suite, Apt. #, etc.

3. Mailing Address

490 NORTH YONGE ST.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

ORMOND BEACH, FL

Zip

32129-4013

Country

VOLUSIA

Zip

32174

Country

VOLUSIA

4. FEI Number

59-3715202

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EDWARD A. SANFORD

Street Address (P.O. Box Number is Not Acceptable)

1102 MORGAN ROAD

City

PORT ORANGE

FL

Zip Code

32129-4013

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT/DIRECTOR</i>
NAME	<i>DR. PIERRE SAMAH</i>
STREET ADDRESS	<i>4550 S. CLYDE MORRIS BLVD.</i>
CITY-ST-ZIP	<i>PORT ORANGE, FL 32129</i>
TITLE	<i>VICE PRESIDENT/DIRECTOR</i>
NAME	<i>A. MARVIN CAIN</i>
STREET ADDRESS	<i>348 LENOIR CIRCLE</i>
CITY-ST-ZIP	<i>WAYNESVILLE, NC 28786</i>
TITLE	<i>SECRETARY/TREASURER/DIRECTOR</i>
NAME	<i>EDWARD A. SANFORD</i>
STREET ADDRESS	<i>1102 MORGAN ROAD</i>
CITY-ST-ZIP	<i>PORT ORANGE, FL 32129-4013</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward A. Sanford
EDWARD A. SANFORD

4/3/02

386 788-3562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)