2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90240 002 ****70.00

DOCUMENT # N99000002941

1. Entity Name
FM 91.9, INC.

Principal Place of Business	Mailing Address
1102 MORGAN ROAD PORT ORANGE, FL 32129-4013	490 NORTH YONGE ST ORMOND BEACH, FL 32174

04092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3715202 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANFORD, EDWARD A 1102 MORGAN RD. PT. ORANGE, FL 32119	Name: Edward A Sanford Street Address (P.O. Box Number is Not Acceptable): 1102 Morgan Rd. City: Pt Orange FL Zip Code: 32129

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.

SIGNATURE: EDWARD A. SANFORD — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/11/04

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SANFORD, EDWARD A 1102 MORGAN RD. PORT ORANGE, FL 321294013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Sanford, Edward A 1102 Morgan Rd. Port Orange, Fl 32129-4013	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CAIN, A. MARVIN DR. 348 LENOIR CR WAYNESVILLE, NC 28786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAMAAN, PIERRE DR. 4550 S. CLYDE MORRIS BLVD. PORT ORANGE, FL 32129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAHAAN, Pierre DR. 1301 Beville Rd Suite 17 Daytona Bch Fl 32119	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPE, KIRK RT 3 BOX 2515 FORT WHITE, FL 32038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D King, Hope 2763 Wild-the Green ST Winter Park, Fl 32792	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUND, ANGELA 1485 W CENTRAL MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Armellini, Angela 1405 W Central Merritt Island, Fl 32952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD A. SANFORD — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/11/04 — Daytime Phone #: (386) 788-3563