2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000003971

Entity Name: CATHOLIC RADIO ASSOCIATION, INC.

Feb 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 391 14TH AVENUE SOUTH JACKSONVILLE, FL 32250 **Current Mailing Address: New Mailing Address:** 391 14TH AVENUE SOUTH JACKSONVILLE, FL 32250 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAKOWSKI, RAYMOND E ESQUIRE 4651 SALISBURY RD. SUITE 160 JACKSONVILLE, FL 322566190 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ZURLO, GENE Name: Name: 4 NICKLAUS LANE Address: Address: City-St-Zip: KIAWAH ISLAND, SC 29455 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHERMAN, DOUG Name: Address: 605 WESTLAKE BLVD., #5 Address: City-St-Zip: TAHOE CITY, CA 96145 City-St-Zip: Title: () Delete Title: (X) Change () Addition WILLIAMS, CHRIS Name: WILLIAMS, CHRIS Name: 391 14TH AVENUE SOUTH Address: Address: 391 14TH AVENUE SOUTH City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250 Title: Title: () Change () Addition () Delete DENESE, PAUL Name: Name: 391 14TH AVENUE SOUTH Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, MIKE Name: Name: 393 DERBY AVENUE Address: Address: City-St-Zip: ORANGE, CT 06477 City-St-Zip: Title: () Delete Title: () Change () Addition HOLMAN, TONY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CHRIS WILLIAMS D 02/26/2002

Address:

City-St-Zip:

3315 HAMPTON AVENUE

ST. LOUIS, MO 63139