## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004590

FILED Mar 11, 2009 Secretary of State

Entity Name: SPIRIT RADIO OF NORTH FLORIDA INC

Littley Nan	HE. SPIRIT	RADIO OF NORTH FEORIDA, INC.			
Current Pi	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
412 NE 16TH AVE SUITE 15 GAINESVILLE, FL 32601			500 NE 16 AVE GAINESVILLE, FL 32	500 NE 16 AVE GAINESVILLE, FL 32601	
Current M	ailing Addre	ss:	New Mailing Addres	New Mailing Address:	
412 NE 16TH AVE GAINESVILLE, FL 32601			500 NE 16 AVE GAINESVILLE, FL 32	500 NE 16 AVE GAINESVILLE, FL 32601	
FEI Number:	59-3600375	FEI Number Applied For ( ) FEI	Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
	NNIS E DRICKS AVE VILLE, FL 32	207 US			
	named entity of Florida.	submits this statement for the purpos	se of changing its registere	ed office or registered agent, or both,	
SIGNATUF					
	Electro	nic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( JOHNSON, JE 1705 NE 7TH S GAINESVILLE	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GALEONE, VI	FAUGUSTINE RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( MUSE, CONNI 10453 SW 66 HAMPTON, FL	AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( MATT, GEORG 13810 NE 142 WALDO, FL 3	AVE.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ROLAND M JULIEN DIRE 03/11/2009