

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90058 003 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000036758

1. Entity Name
IRRADIO INVESTMENTS, INC.

Principal Place of Business

**C/O HARRY J. FRIEDMAN
 1221 BRICKELL AVENUE
 MIAMI FL 33131**

Mailing Address

**C/O HARRY J. FRIEDMAN
 1221 BRICKELL AVENUE
 MIAMI FL 33131**

2. Principal Place of Business

2601 So. Bayshore Drive

3. Mailing Address

2601 So. Bayshore Drive

Suite, Apt. #, etc.

PH II

Suite, Apt. #, etc.

PH II

City & State

Coconut Grove, FL

City & State

Coconut Grove, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-0998989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
 103 NORTH MERIDIAN STREET
 LOWER LEVEL
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
 NAME **ALARCON, RAUL JR.**
 STREET ADDRESS **2601 S BAYSHORE DRIVE, PH II**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 (305) 443-9090

Date

Daytime Phone #

CR2E034 (9/01)