

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90032 001 ***150.00
02-18-2004 90032 002 *****8.75

DOCUMENT # P00000112542

1. Entity Name

DAY BROADCASTING, INC.



Principal Place of Business

193 GULF CLUB DRIVE
KEY WEST FL 33040

Mailing Address

193 GULF CLUB DRIVE
KEY WEST FL 33040

2. Principal Place of Business

4702 SUNSET DRIVE

Suite, Apt. #, etc.

3. Mailing Address

4702 SUNSET DR

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

65-1060455

Applied For

Not Applicable

Zip

32963

Country

INDIAN RIVER

Zip

32963

Country

INDIAN RIVER

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAY, JOEL B	
STREET ADDRESS	193 GULF CLUB DRIVE 4702 SUNSET DR	
CITY-ST-ZIP	KEY WEST FL 33040 VERO BEACH, FL 32963	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAY, CAVERLY G	
STREET ADDRESS	193 GULF CLUB DRIVE 4702 SUNSET DR	
CITY-ST-ZIP	KEY WEST FL 33040 VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRESS
STREET ADDRESS	4702 SUNSET DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRESS
STREET ADDRESS	4702 SUNSET DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/04

772-234-1140

Date

Daytime Phone #