

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90464 001 ***450.00

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1. Entity Name
MOTORCYCLE RIDERS RADIO NETWORK, INC.



Principal Place of Business
119 S. SUNSET DR.
CASSELBERRY, FL 32707

Mailing Address
PO BOX 181504
CASSELBERRY, FL 32718-1504

66418995



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3693528

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HILLMAN, RANDY
203 E. HILLCREST ST.
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution, ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME FRANCIS, MARTIN A
STREET ADDRESS 119 S. SUNSET DR.
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE D
NAME HERMAN, RONNIE
STREET ADDRESS 119 S. SUNSET DR.
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Martin A Francis 4-29-04 4073320926