2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR 31 AM 9:55
03-07-2003 90124 004 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119414

1. Entity Name
RADIO ROAD INVESTMENT II, INC.

Principal Place of Business	Mailing Address
501 BRICKELL KEY DR. STE 504 MIAMI FL 33131	501 BRICKELL KEY DR. STE 504 MIAMI FL 33131

FEI # 01-0642370

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
32021 Brookstone Drive	PMB PTY 3977
Suite, Apt. #, etc.	Suite, Apt. #, etc.
---	P.O. Box 25207
City & State	City & State
Wesley Chapel, FL	Miami, FL
Zip / Country	Zip / Country
33544	33102

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, WESLEY M ESQ
501 BRICKELL KEY DR, STE 504
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Sherry, Linda M.
Street Address (P.O. Box Number is Not Acceptable): 32021 Brookstone Drive
City: Wesley Chapel FL Zip Code: 33544

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: Linda M Sherry — Linda M. Sherry — 3/5/03
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, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Matherney MATHERNY, A. GROVER PMB PT4, BOX 25207 MIAMI FL 33102-5207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Matherney MATHERNY, FREDDICANN PMB PT4, BOX 25207 MIAMI FL 33102-5207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAJOR, LANDIS 14 JENNEY LANE MARION MA 02738	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAJOR, ELLEN 14 JENNEY LANE MARION MA 02738	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Tribble, David PMB PTY 3977, P.O. Box 25207 Miami, FL 33102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3/3/31
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Santamaría, Aida PMB PTY 3977, P.O. Box 25207 Miami, FL 33102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED David A. Tribble February 25, 2003