


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90025 003 ***150.00

DOCUMENT # P01000119435 1. Entity Name RADIO ROAD INVESTMENT I, INC.					
Principal Place of Business 32021 BROOKSTONE DR ZEPHYRHILLS, FL 33544			Mailing Address PMB PTY 3977 PO BOX 25207 MIAMI, FL 33102		
2. Principal Place of Business 32021 Brookstone Dr			3. Mailing Address 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Wesley Chapel, FL			City & State		
Zip 33544		Country		Zip	
Country		Country		4. FEI Number 04-3626786	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHERRY, LINDA M 32021 BROOKSTONE DR ZEPHYRHILLS, FL 33544			7. Name and Address of New Registered Agent Name <SAME> Street Address (P.O. Box Number is Not Acceptable) City Wesley Chapel 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 <i>Linda M Sherry</i> (NOTE: Registered Agent signature required when reinstating) DATE 2/8/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 TRIBBLE, DAVID PMB PTY 3977 PO BOX 25207 MIAMI, FL 33102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SANTAMARIA, ALDA PMB PTY 3977 PO BOX 25207 MIAMI, FL 33102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>R. J. Filler</i> JAN 22, 2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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