

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90126 048 \*\*\*150.00

**DOCUMENT # P01000119435**

1. Entity Name  
**RADIO ROAD INVESTMENT I, INC.**



Principal Place of Business  
**501 BRICKELL KEY DRIVE STE 504  
MIAMI FL 33131**

Mailing Address  
**501 BRICKELL KEY DRIVE STE 504  
MIAMI FL 33131**

2. Principal Place of Business  
**32021 Brookstone Drive**

3. Mailing Address  
**PMB PTY 3977  
Suite, Apt. #, etc.  
P.O. Box 25207**

Suite, Apt. #, etc.  
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City & State  
**Wesley Chapel, FL**

City & State  
**Miami, FL**

Zip Country  
**33544**

Zip Country  
**33102**

4. FEI Number **APPLIED FOR**  
**04-3626786**

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 DRIVE 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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/5/03**

**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

TITLE **P** ☒ Delete  
NAME **MATHERNY, A. GROVER**  
STREET ADDRESS **PMB PT4 3977, BOX 25207**  
CITY-ST-ZIP **MIAMI FL 33102-5207**

TITLE **VP** ☒ Delete  
NAME **MATHERNY, FREDDIEANN**  
STREET ADDRESS **PMB PT4 3977, BOX 25207**  
CITY-ST-ZIP **MIAMI FL 33102-5207**

TITLE **T** ☒ Delete  
NAME **MAJOR, LANDIS**  
STREET ADDRESS **14 JENNEY LANE**  
CITY-ST-ZIP **MARION MA 33102-5207**

TITLE **S** ☒ Delete  
NAME **MAJOR, ELLEN**  
STREET ADDRESS **14 JENNEY LANE**  
CITY-ST-ZIP **MARION MA 33102-5207**

TITLE **P** ☐ Delete  
NAME **Tribble David**  
STREET ADDRESS **PMB PTY 3977, P.O. Box 25207**  
CITY-ST-ZIP **Miami, FL 33102**

TITLE **S/T** ☐ Delete  
NAME **Santamaría, Aida**  
STREET ADDRESS **PMB PTY 3977, P.O. Box 25207**  
CITY-ST-ZIP **Miami, FL 33102**

11. 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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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *David A. Tribble* **David A. Tribble** February 25, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)