2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000122085

1. Entity Name
550 AM BROADCASTING CORP.

Principal Place of Business	Mailing Address
2070 N. PALAFOX ST. PENSACOLA, FL 32501	2070 N. PALAFOX ST. PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

03182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3483351	Not Applicable

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

6. Name and Address of Current Registered Agent

GLINTER, MICHAEL B
2212 INVERNESS DR.
PENSACOLA, FL 32503

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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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	H000009122801 05/07/08-80094-019 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GLINTER, MICHAEL B
STREET ADDRESS	2212 INVERNESS DR.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	GLINTER, DARA L
STREET ADDRESS	2212 INVERNESS DR.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Dara L Glinter_ DARA L GLINTER   4/14/08   850-434-1230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #