

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024969

FILED
Jan 15, 2004
Secretary of State

Entity Name: COUNTRY COMMUNICATIONS TWO, INC.

Current Principal Place of Business:

1031 HWY 90 WEST
STE #4
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

P.O. BOX 1174
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

4598 HWY. 90
C
MARIANNA, FL 32446

New Mailing Address:

4598 HWY. 90
C
MARIANNA, FL 32446

FEI Number: 01-0562062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPINA, JOANN
501 HWY 90 WEST
DEFUNIAK SPRINGS, FL 32433

Name and Address of New Registered Agent:

SPINA, JOANN
4598 HWY. 90
C
MARIANNA, FL 32446

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.

SIGNATURE: JOANN SPINA

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SPINA, PAUL
Address: 1155 PARRISH ROAD
City-St-Zip: BONIFAY, FL 32425

Title: VTD () Delete
Name: SPINA, JOANN
Address: 1155 PARRISH ROAD
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SPINA, PAUL
Address: 2522 GINA LANE
City-St-Zip: ALFORD, FL 32420

Title: VTD (X) Change () Addition
Name: SPINA, JOANN
Address: 2522 GINA LANE
City-St-Zip: ALFORD, FL 32420

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SPINA

PSD

01/15/2004

Electronic Signature of Signing Officer or Director

Date