

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000087550

1. Entity Name

RADIO UNIVERSEL OF ORLANDO, INC.



FILED

04 OCT -4 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1423 PINE HILLS ROAD
ORLANDO, FL 32808

Mailing Address

1423 PINE HILLS ROAD
ORLANDO, FL 32808



08222004

No Chg-P

CR2E034 (10/03)

4. FEI Number
71-0910614

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADELSON, JACQUES H
1423 PINE HILLS ROAD
ORLANDO, FL 32808

**DO NOT WRITE
IN THIS SPACE**

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

300041616562
10/05/04--01094--014 **550.00

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ADELSON, JACQUES H
STREET ADDRESS	1423 PINE HILLS ROAD
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	T
NAME	DEROSIER, PIERRE
STREET ADDRESS	1423 PINE HILLS ROAD
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/04 (321/662 9357)
Date Daytime Phone #