

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000087550

1. Entity Name
RADIO UNIVERSEL OF ORLANDO, INC.



Principal Place of Business
**1423 PINE HILLS ROAD
ORLANDO, FL 32808**

Mailing Address
**1423 PINE HILLS ROAD
ORLANDO, FL 32808**



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0910614

Applied For
Not Applicable

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

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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	ALEXANDRE, ANTOINE
STREET ADDRESS	1423 N PINE HILLS RD
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	

U00000576088
09/05/06-90008-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Antoine Alexandre 8-29-06 407-928-0690

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #