

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2008 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**



05022008 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 12, 2008**

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	ED
NAME	OSIAS, TIERY
STREET ADDRESS	1423 N. PINEHILLS RD
CITY- ST- ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000952052  
06/04/08-80064-010 150.00

**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 my address, with all other like empowered.

SIGNATURE

*Antoine Alexandre*  
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-20-08 407-928-0690  
Date Daytime Phone #