## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Ju S		ry of				
	55047884					
		'∏ .∦,				

1. Entity Nar	MENT ADIO, INC		0115570	D		0.5	5-29-2003 901	35 043 ***1	50.00	
Principal Place of Business 307 SAWMILL CREEK COURT ORMOND BEACH FL 32174		Mailing Address 307 SAWMILL CREEK COURT ORMOND BEACH FL 32174		55047884						
2. Principal I	Place of Busin	ėss	3. Mailing Address		<u> </u>		. a	.  ,		
Suite, Apt. #, etc. Suite, Apt.			Suite, Apt. #, etc.	Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-376	2664	<b>├</b>	Applied For Not Applicable			
Zip	· .	Country	Zip _	Coun	itry	5. Certificate of Stat	us Desired 🔲	\$8.75 A		
	6. Name	and Address of Current F	legistered Agent		Name	7. Name and Addre	as of New Registe	red Agent		
- STANTON, DAVID S			Street Address (P.O. Box Number is Not Acceptable)							
	MILL CREEK BEACH FL				}			<del></del>		
OTHION	CLACITIE		• •	,	City		<del></del>	FL Zip Co	de	
8. The above the obligation	e named entity tions of registr	submits this statement for ered agent.	the purpose of changing its	s registere	ed affice or register	ed agent, or both, in the	e State of Florida.	am familiar with	, and accept	
SIGNATURE		or printed name of registered agent ar	nd title if applicable. (NO	TE: Registere	d Agent signature required	when reinstating)	D	ATE		
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State				ampaign Financing I Contribution.		00 May Be	
10.	<u> </u>	OFFICERS AND C	DIRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS OTEY-SE-ZIP		DAVID S ILL CREEK COURT BEACH FL 32174	☐ Delete					☐ Change	Addition Addition	
TOTILE NAME STREET ADDRESS CITY-ST-ZIP	SVD CARTER, E 1449 TOM DAYTONA	AVID C NY HITCHCOCK AVENU BEACH FL 32124	☐ Delete		· •			☐ Change	☐ Addition	
TITLE NAME STREET ADORESS* CITY-ST-ZIP		-	~ Delpte		L	÷ .		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ſ			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ı			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	T ADDRESS ST-ZIP			☐ Change	Addition	
indicated of the cor	on this report poration or the	or supplemental report is to receiver or trustee empow	his filling does not qualify for rue and accurate and that need to execute this report that other like empowered.	ny signati as require	ure shall have the sa ed by Chapter 607.	ame legal effect as if ma Florida Statutes; and th	ade under oath; tha at my name appea	al I am an officer ars in Block 10 or	or director Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR