2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# P04000063381

Entity Name: TAMA RADIO LICENSES OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

407 N HOWARD AVENUE
SUITE 200
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

407 N HOWARD AVENUE
SUITE 200
TAMPA, FL 33606

New Mailing Address:

407 N HOWARD AVENUE, SUITE 200
C/O SCOTT SAVAGE, RECEIVER
TAMPA, FL 33606

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 N HIGHLAND AVENUE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: BOLTON, TED DR
Address: 407 N HOWARD AVE, SUITE 200
City-St-Zip: TAMPA, FL 33606

Title: VS ( ) Delete
Name: MENDEZ, ARLENE
Address: 407 N HOWARD AVE, SUITE 200
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: WILLIAMS, ED A
Address: 407 N HOWARD AVE, SUITE 200
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: SCOTT, JEFFREY C
Address: 407 N HOWARD AVE, SUITE 200
City-St-Zip: TAMPA, FL 33606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: RCVR ( ) Change (X) Addition
Name: SAVAGE, SCOTT
Address: 407 N. HOWARD AVE., SUITE 200
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SCOTT SAVAGE, RECEIVER RCVR 02/17/2009
Electronic Signature of Signing Officer or Director — Date