2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16758

BEASLEY, BRIAN

NAPLES, FL

3033 RIVIERA DRIVE #200

Name:

Address:

City-St-Zip:

FILED Jan 19, 2009 Secretary of State

Entity Na	me: BEASLE	Y RADIO, INC.			
Current Principal Place of Business:			New Principal Place	e of Business:	
3033 RIVIE NAPLES, I	ERA DR. SUIT FL 34103	E 200			
Current Mailing Address:			New Mailing Address:		
3033 RIVIE NAPLES, I	ERA DR. SUIT FL 34103	E 200			
FEI Number	: 56-1589342	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1201 HAYS SUITE 105	SSTREET	CORPORATION SYSTEM, INC 01 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEOT (BEASLEY, GEO 3033 RIVIERA NAPLES, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (BEASLEY, SHI 3033 RIVIERA NAPLES, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (BEASLEY, BRU 3033 RIVIERA NAPLES, FL	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (BEASLEY, CAF 3033 RIVIERA NAPLES, FL		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	VPD () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CAROLINE BEASLEY **CFO** 01/19/2009