

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90347 009 \*\*\*150.00

**DOCUMENT # P20962**

1. Entity Name  
**BEASLEY BROADCASTING MANAGEMENT  
CORPORATION**



Principal Place of Business

**3033 RIVIERA DRIVE  
SUITE 200  
NAPLES, FL 34103**

Mailing Address

**3033 RIVIERA DRIVE  
SUITE 200  
NAPLES, FL 34103**

**DO NOT WRITE IN THIS SPACE**



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**56-1294792**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEASLEY, GEORGE G. 3033 RIVIERA DR #200 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEASLEY, CAROLINE 3033 RIVIERA DRIVE #200 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEASLEY, SHIRLEY ANN 3033 RIVIERA DRIVE #200 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEASLEY, BRAIN 3033 RIVIERA DRIVE #200 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEASLEY, BRUCE G 3033 RIVIERA DRIVE #200 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

*Caroline Beasley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06

Date

263-5000

Daytime Phone #