


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State
POSTED

DOCUMENT # P20962 1. Entity Name BEASLEY BROADCASTING MANAGEMENT CORPORATION	
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Principal Place of Business 3033 RIVIERA DRIVE SUITE 200 NAPLES, FL 34103	Mailing Address 3033 RIVIERA DRIVE SUITE 200 NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1294792	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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04/24/08-80059-021 150.00

**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 an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-08