
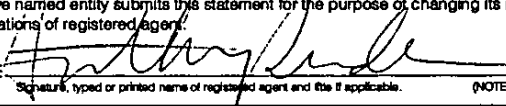



FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90102 005 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P30305					
1. Entity Name RENDA BROADCASTING CORPORATION					
Principal Place of Business 6440 ATLANTIC BLVD. JACKSONVILLE, FL 32211			Mailing Address 900 PARRISH ST 4TH FLOOR PITTSBURGH, PA 15220		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			900 PARISH ST		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SERENA, ALAN C WEJZ RADIO 6440 ATLANTIC BLVD. JACKSONVILLE, FL 32211			Name ANTHONY F. RENDA		
			Street Address (P.O. Box Number Is Not Acceptable) WWGR		
			10915 K-NINE DRIVE		
			City BONITA SPRINGS		FL Zip Code 34135-6802
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 				DATE 2/21/05	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RENDA, ANTHONY MERRIMAN RD. SEWICKLEY, PA 15143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REICH, JUDY 506 COVENTRY TRAIL LANE MARYLAND HEIGHTS, MO 63043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RENDA, CATHERINE R. MERRIMAN ROAD SEWICKLEY, PA 15143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYSON, PATRICIA 2517 E 25TH PLACE TULSA, OK 74114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SERENA, ALAN C 3111 CHESTNUT RIDGE DR PITTSBURGH, PA 15205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KELLY, MARYANN 3705 ROSEMONT CT CLAIRTON, PA 15025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFERSON HILLS, PA 15025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRSION, VANCE 3600 OAKDALE FOREST EDMOND, OK 73013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 				DATE 2/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 412 8752140	

50025646



02112005 Chg-P CR2E034 (10/03)

4. FEI Number 25-1259502 Applied For Not Applicable

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