




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90138 035 ***150.00

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.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 25-1259502	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RENDA, ANTHONY F 44GR WWR 10915 K-NINE DRIVE BONITA SPRINGS, FL 34135-6802				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 7-13-06	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RENDA, ANTHONY		NAME		
STREET ADDRESS	MERRIMAN RD.		STREET ADDRESS		
CITY-ST-ZIP	SEWICKLEY, PA 15143		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RENDA, CATHERINE R.		NAME		
STREET ADDRESS	MERRIMAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	SEWICKLEY, PA 15143		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRYSON, PATRICIA		NAME		
STREET ADDRESS	2517 E 25TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	TULSA, OK 74114		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SERENA, ALAN C		NAME		
STREET ADDRESS	3111 CHESTNUT RIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15205		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, MARYANN		NAME		
STREET ADDRESS	3705 ROSEMONT CT		STREET ADDRESS		
CITY-ST-ZIP	JEFFERSON HILLS, PA 15025		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REICH, JUDY		NAME		
STREET ADDRESS	506 COVENTY TRAIL LANE		STREET ADDRESS		
CITY-ST-ZIP	MARYLAND HEIGHTS, MO 63043		CITY-ST-ZIP		
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:  Maryann Kelly VP Date 7/10/06 Daytime Phone # 4128751800					