


FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90038 004 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P30305
 1. Entity Name
 RENDA BROADCASTING CORPORATION



Principal Place of Business 6440 ATLANTIC BLVD. JACKSONVILLE, FL 32211 <i>10915 K-Nine Dr Bonita Springs FL 34135-6802</i>	Mailing Address 900 PARRISH ST 4TH FLOOR PITTSBURGH, PA 15220
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40122476



06042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1259502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RENDA, ANTHONY F
~~WAGER~~ *Renda Broadcasting Corp*
 10915 K-NINE DRIVE
 BONITA SPRINGS, FL 34135-6802

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
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$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

TITLE	DPT
NAME	RENDA, ANTHONY
STREET ADDRESS	MERRIMAN RD.
CITY-ST-ZIP	SEWICKLEY, PA 15143
TITLE	DVS
NAME	RENDA, CATHERINE R.
STREET ADDRESS	MERRIMAN ROAD
CITY-ST-ZIP	SEWICKLEY, PA 15143
TITLE	V
NAME	SERENA, ALAN C
STREET ADDRESS	3111 CHESTNUT RIDGE DR
CITY-ST-ZIP	PITTSBURGH, PA 15205
TITLE	DV
NAME	KELLY, MARYANN
STREET ADDRESS	3705 ROSEMONT CT
CITY-ST-ZIP	JEFFERSON HILLS, PA 15025
TITLE	V
NAME	REICH, JUDY
STREET ADDRESS	506 COVENTY TRAIL LANE
CITY-ST-ZIP	MARYLAND HEIGHTS, MO 63043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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]* **6/15/07** **412-875-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #