


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90017 039 ***150.00

DOCUMENT # P30305					
1. Entity Name RENDA BROADCASTING CORPORATION					
Principal Place of Business 10915 K-NINE DR BONITA SPRINGS, FL 34135			Mailing Address 900 PARRISH ST 4TH FLOOR PITTSBURGH, PA 15220		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02132008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 25-1259502	
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 RENDA BROADCASTING CORP 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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
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 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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, MARYANN		NAME	Maryann Kelly	
STREET ADDRESS	3705 ROSEMONT CT		STREET ADDRESS	114 Alpine Circle	
CITY-ST-ZIP	JEFFERSON HILLS, PA 15025		CITY-ST-ZIP	Belle Vernon PA 15012	
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		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____			Date: 2-2008 Daytime Phone #: 412-875-1800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					