

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30305

FILED
Apr 08, 2009
Secretary of State

Entity Name: RENDA BROADCASTING CORPORATION

Current Principal Place of Business:

10915 K-NINE DR
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

900 PARRISH ST
4TH FLOOR
PITTSBURGH, PA 15220

New Mailing Address:

FEI Number: 25-1259502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENDA, ANTHONY F
RENDA BROADCASTING CORP
10915 K-NINE DRIVE
BONITA SPRINGS, FL 341356802 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: RENDA, ANTHONY
Address: MERRIMAN RD.
City-St-Zip: SEWICKLEY, PA 15143

Title: DVS () Delete
Name: RENDA, CATHERINE R.
Address: MERRIMAN ROAD
City-St-Zip: SEWICKLEY, PA 15143

Title: V () Delete
Name: SERENA, ALAN C
Address: 3111 CHESTNUT RIDGE DR
City-St-Zip: PITTSBURGH, PA 15205

Title: DV () Delete
Name: KELLY, MARYANN
Address: 114 ALPINE CIR
City-St-Zip: BELLE VERNON, PA 15012

Title: V () Delete
Name: REICH, JUDY
Address: 506 COVENTY TRAIL LANE
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO () Change (X) Addition
Name: ADAIR, ROBERT
Address: 6400 OAK HERITAGE
City-St-Zip: EDMOND, OK 73025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYANN KELLY

DV

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date