Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90014 031 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P33792

FM AIR RIGHTS COMPANY

|                                             |                                                                                  |                         |                                             |                         |                    | _         |                     |                                                  | ({    <b>                                  </b> |                |          | IFI OFFILL LOOP      |
|---------------------------------------------|----------------------------------------------------------------------------------|-------------------------|---------------------------------------------|-------------------------|--------------------|-----------|---------------------|--------------------------------------------------|-------------------------------------------------|----------------|----------|----------------------|
| Principal Place of Business Mailing Address |                                                                                  |                         |                                             |                         |                    |           |                     |                                                  |                                                 |                |          |                      |
| 250 KING OF PRUSSIA RD<br>RADNOR PA 19087   |                                                                                  |                         | 250 KING OF PRUSSIA ROAD<br>RADNOR PA 19087 |                         |                    |           |                     |                                                  |                                                 |                | _        |                      |
| US                                          |                                                                                  |                         |                                             |                         |                    |           |                     | DO NOT WRITE IN THIS SPACE                       |                                                 |                |          |                      |
|                                             |                                                                                  |                         |                                             |                         |                    |           | į                   | <ol><li>Date Incorporated or</li></ol>           | Qualifed                                        |                |          | l                    |
|                                             |                                                                                  | ٠.                      |                                             |                         |                    |           |                     | <u> 05/02/1991</u>                               |                                                 |                |          |                      |
| 2. Principal Pl                             | ace of Business                                                                  | 2a.                     | Mailing Address                             |                         |                    |           |                     | 4. FEI Number                                    |                                                 |                | App      | lied For             |
| 21                                          |                                                                                  | 26                      |                                             |                         |                    |           |                     | 23-1679593                                       |                                                 |                | Not      | Applicable_          |
| Suite, Apt.                                 | #, etc.                                                                          | $\top$                  | Suite, Apt. #, etc.                         |                         |                    |           |                     |                                                  | esired                                          | \$8.           | 75 Ac    | ditional             |
| 22                                          |                                                                                  |                         | 27                                          |                         |                    |           |                     | <ol><li>5. Certifcate of Status D</li></ol>      | esired 🗀                                        | Fe             | e Req    | uired                |
| City & State                                |                                                                                  |                         | City & State                                |                         |                    |           |                     | 6. Election Campaign Fi                          | nancing _                                       | \$5            | .00 N    | lay Be               |
| 23                                          |                                                                                  |                         | 28                                          |                         |                    |           |                     | Trust Fund Contribution                          | _                                               |                | ded to   |                      |
| Zip                                         | Country                                                                          |                         | Zip                                         |                         | Country            |           |                     | 8. This corporation owe:                         | the current year I                              | ntangible      | _        |                      |
| 24                                          | 25                                                                               | 29                      | •                                           | 30                      | -                  |           |                     | Personal Property Ta                             |                                                 | ŬYes           | Ĭ        | <b>Q</b> No          |
| 24)                                         | 9. Name and Address of Currer                                                    |                         | tered Agent                                 | 1001                    | $\top$             |           |                     | 10. Name and Address                             |                                                 | d Agent        |          |                      |
|                                             | 3. Name and Place of Paris.                                                      |                         |                                             |                         | 81                 | T         | Name                |                                                  |                                                 |                |          |                      |
| > ct c                                      | ORPORATION SYSTEM                                                                |                         |                                             |                         | <u></u>            | L         |                     |                                                  |                                                 |                |          | <u> </u>             |
| 1200 S. PINE ISLAND ROAD                    |                                                                                  |                         | ļ                                           |                         |                    | 1         | Street Addres       | reet Address (P.O. Box Number is Not Acceptable) |                                                 |                |          |                      |
| PLANTATION FL 33324                         |                                                                                  |                         |                                             | 83                      | , -                |           |                     |                                                  |                                                 |                |          |                      |
| t Dat                                       | TATION I E 33024                                                                 |                         |                                             |                         | 63                 | '         |                     |                                                  |                                                 |                |          |                      |
|                                             |                                                                                  |                         |                                             |                         | 84                 | 1         | City                |                                                  |                                                 | 85             | Zip Co   | ode                  |
|                                             |                                                                                  |                         |                                             |                         |                    |           | •                   |                                                  | <u> </u>                                        |                |          |                      |
| 11. Pursuant                                | to the provisions of Sections 607.050 egistered agent, or both, in the State     | 2 and 60                | 07.1508, Florida S                          | tatutes, the            | e abov             | е-п       | named corpor        | ation submits this stateme                       | nt for the purpose                              | of changir     | ig:its r | egistered<br>istered |
| office or re                                | egistered agent, or both; in the State<br>m familiar with, and accept the obliga | or Floria<br>ations of, | a-Such change w<br>Section 607.0505         | as aumon<br>, Florida S | zeu by<br>Statutes | ւստ<br>Տ. | e corboration       | S DOZIO DI GILECTORS. I FIER                     | by accept the opp                               | On Million II. | 15 .og.  | 0.00                 |
|                                             | ······································                                           |                         |                                             |                         |                    |           |                     |                                                  |                                                 |                |          |                      |
| SIGNATURE                                   | Signature, typed or printed name of registered age                               | nt and title i          | f applicable.                               | NOTE: Regist            | едА ретв           | nt si     | v beniuper erutsing | when reinstating)                                | DATE                                            |                |          |                      |
| 12.                                         | OFFICERS AN                                                                      | ID DIRE                 | CTORS                                       | 1                       | 13.                |           |                     | ADDITIONS/CHANGE                                 | S TO OFFICERS                                   | AND DIRE       | CTOF     |                      |
| TITLE                                       | PTD                                                                              |                         | ☐ DELET                                     | E 1.                    | 1 TITLE            |           |                     |                                                  |                                                 | ☐ Cha          | ınge     | ☐ Addition           |
| NAME                                        | MULLIN, ARTHUR W.                                                                |                         |                                             | 1.                      | 2 NAME             |           |                     |                                                  |                                                 |                |          |                      |
| STREET ADDRESS                              | 250 KING OF PRUSSIA ROAD                                                         |                         |                                             | ١,                      | 3 STREE            | TAD       | ODRESS              |                                                  |                                                 |                |          | :                    |
|                                             | RADNOR PA 19087                                                                  |                         |                                             |                         | .4 CITY-5          |           | Y                   |                                                  |                                                 |                |          | ,                    |
| CITY-ST-ZIP                                 |                                                                                  |                         | □ DÉLET                                     |                         | 1 TITLE            | 31-2      |                     |                                                  |                                                 | Chá            | inge     | Addition             |
| TITLE                                       | VD                                                                               |                         |                                             |                         |                    |           | - 1                 |                                                  |                                                 | _              | •        |                      |
| NAME *                                      | TAYLOR, WILLIAM S                                                                |                         |                                             | I -                     | .2 NAME            |           |                     |                                                  |                                                 |                |          |                      |
| STREET ADDRESS                              | 250 KING OF PRUSSIA ROAD                                                         |                         |                                             |                         | .3 STREE           |           | l                   |                                                  |                                                 |                |          | 1                    |
| CITY-ST-ZIP                                 | RADNOR PA 19087                                                                  |                         |                                             |                         | 4 CITY-            | ST-2      | ZIP                 |                                                  |                                                 |                |          | Addition             |
| TITLE                                       | S                                                                                |                         | ☐ DELET                                     | E 3                     | .1 TITLE           |           |                     |                                                  |                                                 | ☐ Cha          | nge      |                      |
| NAME                                        | BIXLER, ROBERT                                                                   |                         |                                             | 3                       | 2 NAME             |           | 1                   |                                                  |                                                 |                |          |                      |
| STREET ADDRESS                              | 250 KING OF PRUSSIA ROAD                                                         |                         |                                             | 3                       | .3 STREE           | TAC       | DDRESS              |                                                  |                                                 |                |          |                      |
| CITY-ST-ZIP                                 | RADNOR PA 19087                                                                  |                         |                                             | 3                       | .4. CITY-1         | ST-7      | Z)P                 |                                                  |                                                 |                |          |                      |
| TITLE                                       | VPD                                                                              |                         | ☐ DELET                                     | E 4                     | .† TITLE           |           |                     |                                                  |                                                 | Cha            | ange     | ☐ Addition           |
| NAME                                        | KELICAN, JAMES W.                                                                |                         |                                             | 4                       | .2 NAME            |           |                     |                                                  |                                                 |                |          |                      |
| STREET ADDRESS                              | 250 KING OF PRUSSIA ROAD                                                         |                         |                                             |                         | .3 STREE           |           | DDRESS              | -                                                |                                                 |                |          |                      |
|                                             | RADNOR PA 19087                                                                  |                         |                                             |                         | A CITY-S           |           |                     |                                                  |                                                 |                |          |                      |
| CITY-ST-ZIP                                 |                                                                                  |                         | ☐ D£LET                                     |                         | 1 TITLE            | 31-2      |                     |                                                  |                                                 | Cha            | ange     | Addition             |
| TITLE                                       | AS                                                                               |                         | ا مددور                                     | _                       | 2 NAME             |           | 1                   |                                                  |                                                 | -11            |          | _                    |
| NAME -                                      | TAMASITIS, MARGARET                                                              |                         |                                             |                         | .3 STREE           |           | nnpree              |                                                  |                                                 |                |          |                      |
| STREET ADDRESS                              | 250 KING OF PRUSSIA ROAD                                                         | •                       |                                             | 1                       |                    |           |                     |                                                  |                                                 |                |          |                      |
| CITY-ST-ZIP                                 | RADNOR PA 19087                                                                  |                         |                                             |                         | 4 CITY-S           | sT-Z      |                     |                                                  |                                                 |                |          | D Admin-             |
| TITLE                                       |                                                                                  |                         | ☐ DELET                                     | - 1                     | 1 TITLE            |           |                     |                                                  |                                                 | Cha            | nige     | □ Addition           |
| NAME                                        |                                                                                  |                         |                                             | 6                       | 2 NAME             |           | Į.                  |                                                  |                                                 |                |          |                      |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET AODRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MARGARET M TAMASITIS