

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P92000006675

1. Entity Name
ASA BROADCASTING, INC.



Principal Place of Business
**A-109 BAYVIEW BLVD
OLDSMAR, FL 34677 US**

Mailing Address
**3338 WINDCHIME DRIVE WEST
CLEARWATER, FL 33761**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3305904

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AGELATOS, SOTIRIOS
A-109 BAYVIEW BLVD
OLDSMAR, FL 34677**

**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] **SOTIRIOS AGELATOS**
(NOTE: Registered Agent signature required when reinstating)

4/21/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000920285
05/14/08-80038-006 158.75**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------------|
| TITLE | D |
| NAME | AGELATOS, SOTIRIOS |
| STREET ADDRESS | 109 BAYVIEW BLVD STE A |
| CITY - ST - ZIP | OLDSMAR, FL 34677 |

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IN THIS SPACE**

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] **SOTIRIOS AGELATOS** **4/21/08** **727-458-5329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #