Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90064 015 ***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 # P93000061860

FLORIDA RADIO PARTNERS, INC.

Principal Place of Business	Mailing Address			
P.O. BOX 442 CLARKSBURG MD 20871	24212 MUSCARI CT GAITHERSBURG MD 20882 US		DO NOT WRITE IN THIS SP	ACE
	••		3. Date Incorporated or Qualifed 09/03/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 24212 Myscari Ct	26		<u>59-3211833</u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	8.75 Additional Fee Required
City & State 23 Gaithers bars MD	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intang	ible
24 20887 25	29 30]		Yes □No
9. Name and Address of Curre		·	10. Name and Address of New Registered Age	ent
		81 Name		
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD		82 Street Address (P.O. Box Number is Not Acceptable)		
				PLANTATION FL 33324
		84 City		35 Zip Code
		1.11	FL	
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with the daccept the oblig- 	e of Florida. Such change was auth	orized by the corpor	orporation submits this statement for the purpose of characteristics board of directors. I hereby accept the appointment	anging its registered ent as registered
	y levines		DATE	
Signature, typed or printed name of registered ago		gistered Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
	ND DIRECTORS ☐ DELETE	13.		Change Addition
11122	DECE 15	1.1 TITLE	DUDIO Museus Court	Y =
NAME GRIMES, LARRY		1.2 NAME	27212 11916461 60441	.a
STREET ADDRESS 12213 PIEDMONT RD.	,	1.3 STREET ADDRESS	24212 Muscari Court Gaithersburg, MD 208	Ø<
CITY-ST-ZIP CLARKSBURG MD 20871	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change
TITLE	_ 5	2.2 NAME	_	- -
NAME STREET ADDRESS		2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	☐ DELETE	3.1 TITLE		Change Addition
NAME	 -	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 of 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, of an anattachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

icria Continues

Change

Change

☐ Change

☐ Addition

Addition

Addition