

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 5: 27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000067636

1. Corporation Name

**Broadcast Radio Group, Inc.
13577 Feather Sound Drive, Suite 530
Clearwater, FL 34622**

Principal Place of Business

Same as above

Mailing Address

Same as above

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/23/93

3a. Date of Last Report

8/11/94

2. Principal Place of Business

21 13577 Feather Sound Drive

2a. Mailing Address

26 13577 Feather Sound Drive

Suite, Apt. #, etc

22 Suite 530

Suite, Apt. #, etc

27 Suite 530

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip

24 34622

Country

25 Pinellas

Zip

29 34622

Country

30 Pinellas

4. FEI Number

59-3203574

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**Paul Howard Bloch
14091 Feather Sound Drive
Clearwater, FL 34622**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and officer or director

(NOTE: Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President/Director/Chairman**
NAME **Paul Howard Bloch**
STREET ADDRESS **14091 Feather Sound Drive**
CITY ST ZIP **Clearwater, FL 34622**

TITLE **V.Pres./Secy./Treas./Director**
NAME **Steven E. Wiegner**
STREET ADDRESS **1334 Monte Lake Drive**
CITY ST ZIP **Valrico, FL 33549**

TITLE **Director**
NAME **Sonny Bloch**
STREET ADDRESS **250 Revere Road**
CITY ST ZIP **Roslyn, NY 11577**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

200001486532

13 STREET ADDRESS

-05/12/95--01121--011

14 CITY ST ZIP

******225.00 ****225.00**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information submitted in 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven E. Wiegner, V. President/Secretary/Treasurer/Director

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