

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90493 040 ***150.00

DOCUMENT # P94000011347

1. Entity Name

Zephyr Broadcasting, Inc.

Principal Place of Business

Mailing Address

37905 WDCF Dr.
Dade City, FL.
33525

37905 WDCF Dr.
Dade City, FL.
33525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

59-3230660

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: If a new agent signature is required when reissuing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!!
After MAY 1, 2001 Fee will be \$850.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ \$8.00 May Be Added to Fees

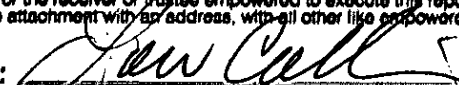
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME Judy Huff	☐ Delete
STREET ADDRESS	1102 Sunshine Ave	
CITY - ST - ZIP	Brandon, FL. 33511	
TITLE VD	NAME Earl Huff	☐ Delete
STREET ADDRESS	1102 Sunshine Ave.	
CITY - ST - ZIP	Brandon, FL. 33511	
TITLE VD	NAME MAGGIO, Jeff	☐ Delete
STREET ADDRESS	37905 WDCF Dr.	
CITY - ST - ZIP	Dade City, FL. 33525	
TITLE STD	NAME COLLINS, LORI	☐ Delete
STREET ADDRESS	37905 WDCF Dr.	
CITY - ST - ZIP	Dade City, FL. 33525	
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	☐ Change ☐ Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing #

(352)5

CR00034 (1-1-00)