

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90883 025 ***150.00

DOCUMENT # P940000011347

1. Entity Name

Zephyr Broadcasting, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO BOX 163

3. Mailing Address

PO BOX 163

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dade City, FL

City & State

Dade City, FL

4. FEI Number

59-3230660

Applied For

Not Applicable

Zip

33526

Country

Zip

33526

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lori Collins

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

11103 Desoto Rd.

City

Riverview

FL

Zip Code

33569

**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.

SIGNATURE

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

(NOTE) Registered Agent signature required when reinstating.

4/29/02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

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

11. OFFICERS AND DIRECTORS

TITLE President
NAME Judy Huff
STREET ADDRESS 612 Cedar Grove Dr.
CITY - ST - ZIP Brandon, FL. 33511

TITLE Vice President
NAME Earl Huff
STREET ADDRESS
CITY - ST - ZIP

TITLE Vice President
NAME Jeffrey Maggio
STREET ADDRESS PO BOX 163
CITY - ST - ZIP Dade City, FL. 33526

TITLE Sec./Treas.
NAME Lori Collins
STREET ADDRESS 11103 Desoto Rd.
CITY - ST - ZIP Riverview, FL. 33569

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

Daytime Phone #

(813) 4690509

CR2E034B (12/01)