

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000011347

Entity Name: ZEPHYR BROADCASTING, INC.

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 163
DADE CITY, FL 33526

New Principal Place of Business:

Current Mailing Address:

PO BOX 163
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 59-3230660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, LORI
11103 DESOTO RD
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUFF, JUDY
Address: 612 CEDAR GROVE DR
City-St-Zip: BRANDON, FL 33511

Title: VD () Delete
Name: HUFF, EARL
Address: 1102 SUNSHINE AVENUE
City-St-Zip: BRANDON, FL 33511

Title: VD () Delete
Name: MAGGIO, JEFF
Address: P.O. BOX 163
City-St-Zip: DADE CITY, FL 33526

Title: ST () Delete
Name: COLLINS, LORI
Address: 11103 DESOTO RD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI D. COLLINS

ST

05/01/2005

Electronic Signature of Signing Officer or Director

Date