

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:05

DOCUMENT # P94000049285 (7)

1. Corporation Name

ACTUAL RADIO MEASUREMENT, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/01/1994** 3a. Date of Last Report **None**

4. FEI Number **65-0505130** 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**

7. This corporation has liability for intangible tax under § 199.002, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**853 VANDERBILT BEACH RD.
SUITE 14
NAPLES FL 33963**

2a. Mailing Address

**853 VANDERBILT BEACH RD.
SUITE 14
NAPLES FL 33963**

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRANE, MICHAEL E
853 VANDERBILT BEACH RD.
SUITE 14
NAPLES FL 33963**

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 of (trust or created name of) registered agent and the date of appointment

(NOTE: Registered Agent's signature required when removing agent)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

**D/P/T
KARL BAEHR
8116 San Francisco Ave.
Albuquerque, New Mexico 87109** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

**D/EXEC VP/S
THOMAS J. CRANE
432 Bayside Ave.
Naples, Florida 33963** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(a), 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 in conformity with that I am an officer or director of a 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 unchanged, or on an attachment with an address.

SIGNATURE:

THOMAS J. CRANE

6/26/95 941-597-7397

NAME AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DATE TELEPHONE