2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000057204

1. Entity Name
AKMA BROADCASTING, INC.

Principal Place of Business	Mailing Address
109 BAYVIEW BLVD.	3338 WIND CHIME DR W
OLDSMAR, FL 34677 US	CLEARWATER, FL 33761 US

DO NOT WRITE IN THIS SPACE

04142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3262442	Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGELATOS, SOTIRIOS
109 BAYVIEW BLVD.
OLDSMAR, FL 34677

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *AGELATOS, SOTIRIOS*

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE 04/14/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AGELATOS, SOTIRIOS
STREET ADDRESS	109 BAYVIEW BLVD. SUITE A
CITY-ST-ZIP	OLDSMAR, FL 34677

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/05-80020-004 158.75

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12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *AGELATOS SOTIRIOS*   04/14/05   727-458-5329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #