

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90114 019 \*\*\*150.00

**DOCUMENT # P95000015571**  
1. Entity Name  
**RADIO USA CORP.**



Principal Place of Business  
**16919 N. BAY ROAD  
APT. 407  
N. MIAMI BEACH FL 33160  
US**

Mailing Address  
**9745 SUNSET DRIVE  
SUITE 201  
MIAMI FL 33173-4649  
US**



2. Principal Place of Business  
**17050 N. BAY RD.**

3. Mailing Address

Suite, Apt. #, etc.  
**403**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**North Miami Beach**

City & State

Zip  
**33160-3690**

Country  
**USA**

Zip  
**33160-3690**

Country

4. FEI Number **65-0560831**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CIPORKIN, DANIEL  
16919 N. BAY ROAD #407  
NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**17050 N. BAY RD. # 403**

City  
**North Miami Beach**

FL

Zip Code  
**33160-3690**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida-Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CIPORKIN, DANIEL 16919 N. BAY ROAD #407 N. MIAMI BEACH FL 33160</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DE CIPORKIN, FELISA F 16919 N. BAY ROAD #407 N. MIAMI BEACH FL 33160</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17050 N. BAY RD #403 N. Miami Beach, FL 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17050 N. BAY RD #403 N. Miami Beach, FL 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Daniel Ciporkin** 3/4/2003 786-256-4537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
MAR 07 2003  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA