

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029550

1. Corporation Name

ATLANTIC RADIO, INC.

Principal Place of Business

200 S. ORANGE AVE
SARASOTA FL 34236

Mailing Address

200 S. ORANGE AVE
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1995

4. FEI Number

52-2031302

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GRIMES, MICHELE B
200 S. ORANGE AVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME ECKER, LUTZ D
STREET ADDRESS 69 EUNICE RD
CITY-ST-ZIP WILLOWDALE, ONT., CANADA

TITLE VD
NAME ECKER, RUTH ANN
STREET ADDRESS 69 EUNICE RD
CITY-ST-ZIP WILLOWDALE, ONT., CANADA

TITLE S
NAME ECKER, CAROLYN K
STREET ADDRESS 69 EUNICE RD
CITY-ST-ZIP WILLOWDALE, ONT., CANADA

TITLE T
NAME ECKER, CAMERON C
STREET ADDRESS 69 EUNICE RD
CITY-ST-ZIP WILLOWDALE, ONT., CANADA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME ECKER, LUTZ D
1.3 STREET ADDRESS 3 CARL SHEPWAY
1.4 CITY-ST-ZIP TORONTO, ONT. CANADA M2J 1X3

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME ECKER RUTH ANN
2.3 STREET ADDRESS 3 CARL SHEPWAY
2.4 CITY-ST-ZIP TORONTO, ONT. CANADA M2J 1X3

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME ECKER, CAROLYN K
3.3 STREET ADDRESS 3 CARL SHEPWAY
3.4 CITY-ST-ZIP TORONTO, ONT. CANADA M2J 1X3

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME ECKER, CAMERON C
4.3 STREET ADDRESS 9 THORNY VINEWAY
4.4 CITY-ST-ZIP TORONTO, ONT. CANADA M2J 4J1

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lutz D Ecker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 30/99 416-636-3636
Date Daytime Phone #

CR2E034 (11/98)

0474128

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90039 016 ***150.00

