

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90329 028 ***150.00

DOCUMENT # P95000035529

1. Entity Name
MIDLAND RADIO CORPORATION

Principal Place of Business

1670 N. TOPPING AVE.
KANSAS CITY MO 64120
US

Mailing Address

1670 N. TOPPING AVE.
KANSAS CITY MO 64120
US

2. Principal Place of Business

1120 Clay Street
 Suite, Apt. #, etc.

3. Mailing Address

1120 Clay Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Kansas City, MO

City & State

North Kansas City, MO

4. FEI Number

65-0590856

Applied For
Not Applicable

Zip

64116

Country

Clay

Zip

64116

Country

Clay

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name **ERIC D. ISICOFF**
ISICOFF, RAGATZ & KOENIGSBERG, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Avenue
Suite 800 South Tower
City **Miami** **FL** **Zip Code** **33131**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **SHAMMAH, BARUCH**
STREET ADDRESS **1500 SAN REMO AVE., #125**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **SVP** ☒ Delete
NAME **CHASS, JOHN**
STREET ADDRESS **1670 NORTH TOPPING AVE**
CITY-ST-ZIP **KANSAS CITY MO**

TITLE **VF** ☐ Delete
NAME **SCHENCK, ERIC**
STREET ADDRESS **1670 NORTH TOPPING AVE**
CITY-ST-ZIP **KANSAS CITY MO**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Change ☐ Addition
NAME **Shammah, Baruch**
STREET ADDRESS **1120 Clay Street**
CITY-ST-ZIP **North Kansas City, MO 64116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VF** ☒ Change ☐ Addition
NAME **Schenck, Eric**
STREET ADDRESS **1120 Clay Street**
CITY-ST-ZIP **North Kansas City MO 64116**

TITLE **SVP** ☐ Change ☒ Addition
NAME **Lane, Anthony**
STREET ADDRESS **1120 Clay Street**
CITY-ST-ZIP **North Kansas City MO 64116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERIC D. ISICOFF

4/19/02
 Date

816-241-8500
 Daytime Phone #

CR2E034 (9/01)