2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM

	711110711 1111 0111		_		-0, -000	00.00
DOCUMENT # P95000044038 1. Entity Name CEA BROADCAST INVESTORS, INC.				Se	ecretary	of State
Principal Place 101 E. KENN SUITE 3300 TAMPA, FL	IEDY BLVD. 101 E. KENNEDY BLVD. —SUITE 3300	·		10101 SIXII SEXII SEXII SEXII		iju (51006 u 500
D	OO NOT WRITE IN THIS SPA	CE	04212005 4. FEI Number 59-3317	No Chg-P	CR2E034 (10/	Applied For Not Applicable Additional
	6. Name and Address of Current Registered Agent	7	7			AF 1 15
JUNG, MII 101 E. KE SUITE 330 TAMPA, F	NG G NNEDY BLVD. 00			NOT W HIS SP		* · · · · · · · · · · · · · · · · · · ·
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_Signature, typed or printed name of registeroit agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees						
10.	OFFICERS AND DIRECTORS		manufacture manufacture	* A	yarina in	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAELS, J. PATRICK JR. 101 E. KENNEDY BLVD., #3300 TAMPA, FL. 33602		=	110000 -04/28/05)339275 -80069-018	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HORWITZ, ANGELA L 101 E KENNEDY BLVD, #3000 TAMPA, FL 33602		<u>'*****</u> .	ii ne titu.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, BRAD A 101 E KENNEDY BLVD STE 3300 TAMPA, FL		DO NOT WRITE			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VPT JUNG, MING 101 E KENNEDY BLVD STE 3300 TAMPA, FL	:	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TO THE PROPERTY OF SECURITION OF	1-9	
TITLE NAME STREET ADDRESS DUTY ST. 719			<u></u>		-	

12. I hereby certify that the information supplied with this filling 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: ,

William And Typed on Printed NAME OF SIGNING OFFICER OPDIRECTOR