## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

## **DOCUMENT #** P95000078348 (6)

RADIO SELECTA, INC.

**FILED** May 01 1996 8:00 am Secretary of State



						<b>                                    </b>	
Principal Place of Business Mailing Address							
1801 CLARKE ROAD OCOEE FL 34761		1801 CLARKE ROAD OCOEE FL 34761					
A Dáscis d B					<ol> <li>Date Incorporated or Qualified</li> <li>10/09/1995</li> </ol>	3a. Date of Last Report	
2. Principal Place of Business 21		2a. Mailing Address		4. FEI Number	Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable		
22 City & State		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23		City & State		Election Campaign Financing	\$5.00 May Be		
Zip	Country	Zip	Country		Trust Fund Contribution	Added to Fees	
24	25	29	30		8. This corporation has liability for in Florida Statutes	intangible tax under s. 199.032, □ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R		
			81	Name		agiotorou rigorit	
Persau	JD, KRIS		82	Change A A de	DO D. N. I.		
1801 CL	1801 CLARKE ROAD			Street Add	dress (P.O. Box Number is Not Acceptab	le)	
OCOEE	FL 34761		83				
			ļ		TRAY.		
	•		84			FL 85 Zip Code	
11. Pursuant to or registere familiar with	o the provisions of Sections 607,050; ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	2 and 607.1508, Florida Statut ida: Such change was authoriz tion 607.0505, Florida Statutes	es, the above red by the corps.	named corpo oration's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	1	
SIGNATURE _							
12,	Signature, typed or printed name of registered agen	Lend tills if applicance INC DIRECTORS	OTE: Registered Ager	t signature requin		DATE	
TITLE -	PD OFFICERS AIX	DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
NAME	PERSAUD, SABETA	בן טנננונ	1. 1 TITLE		•	☐ Change ☐ Addition	
STREET ADDRESS	P.O. BOX 680889 N/A		1.2 NAME				
CITY-ST-ZIP	OCOEE FL 32868		1.3 STREET				
TITLE	OOCE 12 02000	[] DELETE	1.4 CITY-S	F- 71P			
NAME		D press	2 1 11111.6			Change Addition	
STREET ADDRESS			2.2 NAME				
CITY-ST-ZIP			23 STREET				
TITLE		DELETE	2 4 CITY - S 3. 1 TITLE	I - ZIP			
NAME			3. THILE			Change Addition	
STREET ADDRESS			33 STREET	ABBOTCO		ĺ	
CITY-ST-ZIP			3.4 C/TY-S	į.		ļ	
TITLE		DELE 1E	4. 1 TITLE	· Lir		Change E Addition	
NAME			4.2 NAME		00000184	Change Addition	
STREET ADDRESS			4.3 STREET	ADDRESS	~05/28/96~~010;	23001	
CITY-ST-ZIP			4.4 CITY-ST		***1000.00	··	
TITLE		DELETE	5. 1 TITLE			Change El Addition	
NAME		<del></del>	5.2 NAME			Change  Addition	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 City-St	j			
TITLE		DELETE	6. 1 TITLE			Change Addition	
NAME		· • ·	62 NAME			Change   Appliton	
STREET ADDRESS			63 STREET	ODBESS			
CITY-ST-ZIP			6.4 Pity Pt	710		1	
14. I do hereby	certify that the information supplied v	vith this filing is voluntarily furni	shed and does	not qualify for	or the exemption stated in Section 119.0	7(3)(b) Florida Statutes 15 dt	

certify that the information indicated on this applial report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: