

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90027 034 \*\*\*150.00

<b>DOCUMENT # P96000023933</b> 1. Entity Name <b>BIRCH BROADCASTING CORPORATION</b>			
Principal Place of Business <del>11971 GLENMORE DRIVE</del> <del>CORAL SPRINGS, FL 33071</del> US <b>7120 TRENTON RIDGE CT</b> <b>RALEIGH, NC 27613</b>		Mailing Address <del>11971 GLENMORE DRIVE</del> <del>CORAL SPRINGS, FL 33071</del> US <b>7120 TRENTON RIDGE CT</b> <b>RALEIGH, NC 27613</b>	
2. Principal Place of Business <b>7120 TRENTON RIDGE CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>7120 TRENTON RIDGE CT</b> Suite, Apt. #, etc.	
City & State <b>RALEIGH NC 27613</b> Zip Country <b>27613 USA</b>		City & State <b>RALEIGH NC</b> Zip Country <b>27613 USA</b>	
4. FEI Number <b>65-0658047</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08042006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>BIRCH, THOMAS C</b> <b>11971 GLENMORE DRIVE</b> <b>CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name <b>MICHAEL RUBIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5521 UNIVERSITY DR SUITE 104</b> City <b>CORAL SPRINGS</b> FL Zip Code <b>33067</b>	
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 registered agent and title if applicable		<b>MICHAEL RUBIN</b> (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! - FEE IS \$150.00, Due by September 6, 2006!</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		DATE <b>8/4/06</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>BIRCH, THOMAS C</b> STREET ADDRESS <b>11971 GLENMORE DR</b> CITY-ST-ZIP <b>CORAL SPRINGS, FL</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>BIRCH, THOMAS C</b> STREET ADDRESS <b>7120 TRENTON RIDGE CT</b> CITY-ST-ZIP <b>RALEIGH, NC 27613</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> NAME <b>BIRCH, AURORA D P</b> STREET ADDRESS <b>11971 GLENMORE DRIVE</b> CITY-ST-ZIP <b>CORAL SPRINGS, FL</b>	<input type="checkbox"/> Delete	TITLE <b>V</b> NAME <b>BIRCH, AURORA D P</b> STREET ADDRESS <b>7120 TRENTON RIDGE CT</b> CITY-ST-ZIP <b>RALEIGH, NC 27613</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>THOMAS C. BIRCH</b> Date <b>8/29/06</b> Daytime Phone # <b>341-1804</b>	