

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000077868**1. Entity Name
RADNO, INC.**FILED**
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90303 022 ***150.00

00024629

DO NOT WRITE IN THIS SPACE

Principal Place of Business 5411 N. AIRPORT RD. BEAR E PATCH CAFE NAPLES FL 34109		Mailing Address 5411 N. AIRPORT RD. BEAR E PATCH CAFE NAPLES FL 34109	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3404478		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOOD, DOUGLAS A SIESKY, PILON & WOOD 1000 N. TAMiami TRAIL, SUITE 201 NAPLES FL 33940		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME <input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME <input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME <input type="checkbox"/> Delete		
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TITLE	NAME <input type="checkbox"/> Delete		
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TITLE	NAME <input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME <input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 or without other like empowered.			
SIGNATURE: <i>Peter Radno</i>		PETER RADNO 2/21/01 941-598-2221	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

03/13/01

CR2E034 (10/00)