


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90015 037 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000005699

1. Corporation Name  
AIRADIO, INC.

Principal Place of Business  
4125 WEST END ROAD, UNIT 8  
COCOA BEACH FL 32931

Mailing Address  
4125 WEST END ROAD, UNIT 8  
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/21/1997

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																				
<table><tr><td>TITLE</td><td>PTD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>YOUNG, ERIC D</td><td></td></tr><tr><td>STREET ADDRESS</td><td>4125 WEST END ROAD, UNIT 8</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>COCOA BEACH FL 32931</td><td></td></tr></table>	TITLE	PTD	<input type="checkbox"/> DELETE	NAME	YOUNG, ERIC D		STREET ADDRESS	4125 WEST END ROAD, UNIT 8		CITY-ST-ZIP	COCOA BEACH FL 32931		<table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr></table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	PTD	<input type="checkbox"/> DELETE																			
NAME	YOUNG, ERIC D																				
STREET ADDRESS	4125 WEST END ROAD, UNIT 8																				
CITY-ST-ZIP	COCOA BEACH FL 32931																				
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
1.2 NAME																					
1.3 STREET ADDRESS																					
1.4 CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td>VSD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>MIDDLETON, DAVID A</td><td></td></tr><tr><td>STREET ADDRESS</td><td>4125 WEST END ROAD, UNIT 8</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>COCOA BEACH FL 32931</td><td></td></tr></table>	TITLE	VSD	<input type="checkbox"/> DELETE	NAME	MIDDLETON, DAVID A		STREET ADDRESS	4125 WEST END ROAD, UNIT 8		CITY-ST-ZIP	COCOA BEACH FL 32931		<table><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr></table>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	VSD	<input type="checkbox"/> DELETE																			
NAME	MIDDLETON, DAVID A																				
STREET ADDRESS	4125 WEST END ROAD, UNIT 8																				
CITY-ST-ZIP	COCOA BEACH FL 32931																				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
2.2 NAME																					
2.3 STREET ADDRESS																					
2.4 CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr></table>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
3.2 NAME																					
3.3 STREET ADDRESS																					
3.4 CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr></table>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
4.2 NAME																					
4.3 STREET ADDRESS																					
4.4 CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr></table>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
5.2 NAME																					
5.3 STREET ADDRESS																					
5.4 CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
6.2 NAME																					
6.3 STREET ADDRESS																					
6.4 CITY-ST-ZIP																					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED D. Young Jan 5/99 (407) 799-9789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)