

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014113

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90086 002 ***150.00

1. Entity Name

METROPOLITAN RADIO GROUP OF FLORIDA, INC.

Principal Place of Business

2101 HAMMOCK PLACE
SARASOTA FL 34235

Mailing Address

2101 HAMMOCK PLACE
SARASOTA FL 34235318 E. Pershing
Springfield, MO 65806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 43-1746464

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAFT, MICHAEL T
2101 HAMMOCK PL
SARASOTA FL 34235

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME ACKER, GARY L
STREET ADDRESS 3801 SKILLERN BLVD.
CITY-ST-ZIP FLOWER MOUND TX 75028TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DST ☐ Delete
NAME CRAFT, T. MICHAEL
STREET ADDRESS 2101 HAMMOCK PLACE
CITY-ST-ZIP SARASOTA FL 34235TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DR D ☐ Delete
NAME ACKER, MARK L
STREET ADDRESS 1549 GREENBRIDGE
CITY-ST-ZIP OZARK MO 65721TITLE D ☒ Change ☐ Addition
NAME ACKER, MARK L.
STREET ADDRESS 318 E. Pershing
CITY-ST-ZIP Springfield, MO 65806TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)