FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE:

## Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P97000057375 SOUTHEAST RADIO COMPANY, INC. 04-04-2001 90500 012 \*\*\*150.00 Principal Place of Business Mailing Address <del>9148 Donita Beach Roa</del>d CACH ROAD ATINOB BLACH ROAD SUFFE-205 SHITE 205 UUU31089 BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address S. TAMIAM, TT. 1380 COCO DHIVE 16290 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #18-383 City & State City & State 4. FEI Number 65-0768928 Applied For Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAHLIN, PATRICIA S Street Address (P.O. Box Number is Not Acceptable) **<9148-BONITA-BEACH ROAD** 2020 SUITE 205 BONITA SPRINGS FL 34135 8. The above gamed entity submits this statement for the purpose of changing its registered office or registered beent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 CR2E034 (10/00) TITLE ☐ Delete ■ Addition MARTIN, JAMES E JR. NAME 9148-BONITA BEACH ROAD, SUITE 205 P.O. BOX STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34135 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE DAHLIN, PATRICIA S NAME NAME 6380 Cocos Dr. 4032 BIG PASS LANE STREET ADDRESS STREET ADDRES Ft myers PL 33908 <del>PUNTA GORDA FL 33955</del> CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

minia 5. Danin 4/2/01