· 2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2001 8:00 am Secretary of State DOCUMENT # **P97000061498** 1. Entity Name 1480 EAST RADIO, INC. 05-05-2001 91098 017 ***150.00 Principal Place of Business Mailing Address 1425 HOLIDAY BLVD 1425 HOLIDAY BLVD MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 UUU4/663 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3454195 Not Applicable Zip 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 MIGLIORE, FREDRICK J Street Address (P.O. Box Number is Not Acceptable) 1425 HOLIDAY BLVD **MERRITT ISLAND FL 32952** City Zip Code FŁ 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 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE Delete TITLE NAME MIGLIORE, FREDERICK J NAME STREET ADDRESS STREET ADDRESS 1425 HOLIDAY BLVD CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32952 Delete TITLE TIT: F Change Addition NAME CARR, DIANE L NAME STREET ADDRESS 1425 HOLIDAY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32952** ☐ Delete TITLE Change ☐ Addition PORZIO, PAUL--STREET ADDRESS 7824 MARTHA'S LANE STREET ADDRESS CITY-ST-7IP FALLS CHURCH WV 22043 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.4X 13. I hereby certify that the information (i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director

true and accurate and that my signature shall have the same lega

vered to execute this report as required by Chapter 607, Florida S

SIGNATURE:

indicated on this report or of the corporation of t

changed, or on a

ED NAME OF SIGNING OFFICER OR DIRECTOR

all other like empowered.

Daytime Phone #

and tha

my name appears in Block 11 or Block 12 if