

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000061498

1. Entity Name
1480 EAST RADIO, INC.



Principal Place of Business
1425 HOLIDAY BLVD
MERRITT ISLAND, FL 32952

Mailing Address
1425 HOLIDAY BLVD
MERRITT ISLAND, FL 32952



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3454195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIGLIORE, FREDRICK J
1425 HOLIDAY BLVD
MERRITT ISLAND, FL 32952

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

1000000547690
05/12/06-80133-015 150.00

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: MIGLIORE, FREDERICK J
STREET ADDRESS: 1425 HOLIDAY BLVD
CITY-ST-ZIP: MERRITT ISLAND, FL 32952

TITLE: D
NAME: CARR, DIANE L
STREET ADDRESS: 1425 HOLIDAY BLVD
CITY-ST-ZIP: MERRITT ISLAND, FL 32952

TITLE: D
NAME: PORZIO, PAUL
STREET ADDRESS: 7824 MARTHA'S LANE
CITY-ST-ZIP: FALLS CHURCH, WV 22043

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 individual or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an addendum with an address, with all other like empowered.

SIGNATURE: Frederick J. Migliore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 821-452-6036
Date Daytime Phone #