

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 23 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000071727

1. Corporation Name

THEATER RADIO NETWORK, INC.

Principal Place of Business

Mailing Address

4900 CREKSID DRIVE, SUITE E
CLEARWATER FL 33760

4900 CREKSID DRIVE, SUITE E
CLEARWATER FL 33760

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4900 CREKSID DRIVE
SUITE F

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

Zip

33760

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1997

5. FEI Number

59-3468203

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ARTHUR, JEFF	4900 CREKSID DRIVE, SUITE E	CLEARWATER FL 33760
PRES.	MARTIN, ALLAN	18549 Bittern Ave.	Lutz, FL 33549

900002702279--8
-12/03/98--01094--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

SCHIFINO, WILLIAM J JR.
ONE TAMPA CITY CENTER
SUITE 2600
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98

Date

727-573-5277

Daytime Phone #

CR2E040 (9/88)



20f2

4900 Creekside Drive Suite F Clearwater FL 33760 Phone 727-573-5277 Fax 727-573-0980 Toll Free 800-887-

November 18, 1998

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Theater Radio Network

To Who It May Concern:

This letter is in response to a Notice of Administrative Dissolution or Revocation we recently received. It was mailed to another office, Suite E, and they delivered it to us.

We did not receive the previous notices that your office has indicated it sent to TRN. However, we noticed that our address was incorrect and can assume that was the reason we never received the initial filing notices. Our correct address is:

Theater Radio Network
4900 Creekside Drive Suite F
Clearwater, FL 33760

Please accept our payment of \$150.00 for the reporting fee. Please give me a call if you have any questions at 727-573-5277.

Sincerely,

Allan S. Martin
President