

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000041864**1. Entity Name
ALLRADIO, INC.

Principal Place of Business

5635 COMMERCE DR

ORLANDO
32839

FL

Mailing Address

5635 COMMERCE DR

ORLANDO
32839

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3511318

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARK F G
10113 DONHILL COURTORLANDO
32821

FL

7. Name and Address of New Registered Agent

Name

WICKER WILLIAM JVP/GM

Street Address (P.O. Box Number is Not Acceptable)
20 WEST WALLACE STREETCity
ORLANDO

FL

Zip Code
32809

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 **WILLIAM J WICKER****04/30/2001**

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 State**10. 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 WARD BILL
STREET ADDRESS P.O. BOX 22180
CITY-ST-ZIP LAKE BUENA VISTA FL 32830TITLE D ☒ Change ☐ Addition
NAME WARD BILL
STREET ADDRESS 750 N. ATLANTIC AVE. APT. 803
CITY-ST-ZIP COCOA BEACH FL 32931TITLE D ☐ Delete
NAME BARKER KEVIN
STREET ADDRESS 1709 MORNINGSIDE DR.
CITY-ST-ZIP ORLANDO FL 32806TITLE D ☒ Change ☐ Addition
NAME BARKER KEVIN
STREET ADDRESS 2232 SANTA ANTILLES RD.
CITY-ST-ZIP ORLANDO FL 32806TITLE D ☐ Delete
NAME MARK F. GORDON
STREET ADDRESS 10113 DONHILL CT
CITY-ST-ZIP ORLANDO FL 32821TITLE D ☒ Change ☐ Addition
NAME MARK F. GORDON
STREET ADDRESS 2978 OLD DIXIE HWY.
CITY-ST-ZIP KISSIMMEE FL 34744TITLE VD ☐ Delete
NAME WICKER WILLIAM J
STREET ADDRESS 2726 SAFFRON DR.
CITY-ST-ZIP ORLANDO FL 32837TITLE VD ☒ Change ☐ Addition
NAME WICKER WILLIAM J
STREET ADDRESS 20 W. WALLACE STREET
CITY-ST-ZIP ORLANDO FL 32809TITLE PD ☐ Delete
NAME DAVIS SIMON JH
STREET ADDRESS 2600 WESTERN PKWY
CITY-ST-ZIP ORLANDO FL 32803TITLE ☐ 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: **William J Wicker**

VP

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)