# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # P98000041864

1. Entity Name
ALLRADIO, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5635 COMMERCE DR<br>ORLANDO, FL 32839 | 5635 COMMERCE DR<br>ORLANDO, FL 32839 |

04232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3511318
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WICKER, WILLIAM J VP/GM
407 CINNAMOL BARK LANE
ORLANDO, FL 32835

**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, 2004 Fee will be $550.00**

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

U00000143964
04/30/04-80111-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | DAVIS, SIMON J H |
| STREET ADDRESS | 2600 WESTERN PKWY |
| CITY-ST-ZIP | ORLANDO, FL 32803 |
| TITLE | VD |
| NAME | WICKER, WILLIAM J |
| STREET ADDRESS | 20 W. WALLACE STREET |
| CITY-ST-ZIP | ORLANDO, FL 32809 |
| TITLE | D |
| NAME | MARK, F. GORDON |
| STREET ADDRESS | 2978 OLD DIXIE HWY. |
| CITY-ST-ZIP | KISSIMMEE, FL 34744 |
| TITLE | D |
| NAME | BARKER, KEVIN |
| STREET ADDRESS | 2232 SANTA ANTILLES RD. |
| CITY-ST-ZIP | ORLANDO, FL 32806 |
| TITLE | D |
| NAME | WARD, BILL |
| STREET ADDRESS | 750 N. ATLANTIC AVE. APT. 803 |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** William J Wicker VP/GM 4/23/04 407-438-6064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #