


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90030 014 ***150.00

DOCUMENT # P98000041864		
1. Entity Name ALLRADIO, INC.		

Principal Place of Business 5635 COMMERCE DR ORLANDO, FL 32839	Mailing Address 5635 COMMERCE DR ORLANDO, FL 32839
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50017687



2. Principal Place of Business 5660 Commerce Dr Suite, Apt. #, etc. UNIT 7 City & State ORLANDO FL Zip 32839 Country		3. Mailing Address 5660 Commerce Dr Suite, Apt. #, etc. UNIT 7 City & State ORLANDO FL Zip 32839 Country	
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02032005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3511318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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		7. Name and Address of New Registered Agent Name WICKER WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 518 HASLOCKS LOOP City LAKE MARY FL Zip Code 32746	
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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: William J. Wicker DATE: 2-2-05

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, SIMON J H 2600 WESTERN PKWY ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVIS, SIMON J H 1836 GRINNELL TERR WINTER PARK FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WICKER, WILLIAM J 20 W. WALLACE STREET ORLANDO, FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WICKER, WILLIAM J 518 HASLOCKS LOOP LAKE MARY FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK, F. GORDON 2978 OLD DIXIE HWY. KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARK, GORDON F 445 N. TROPICAL TRAIL MERRITT ISLAND FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, KEVIN 2232 SANTA ANTILLES RD. ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, BILL 750 N. ATLANTIC AVE. APT. 803 COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIMON J.H. DAVIS Date: Feb 8th or 407-4386824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR