

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068949

1. Entity Name

RADIO PLANNING CONSULTANTS, INC.

FILED

01 MAR 12 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5140 COBBLE CREEK COURT #201
NAPLES FL 34110

Mailing Address

5140 COBBLE CREEK COURT #201
NAPLES FL 34110

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. FEI Number 59-3558265

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, KENNETH G
720 ORCHID DR
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCGIRL, DESMOND
5140 COBBLE CREEK COURT #201
NAPLES FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOMICH, MICHAEL
650 CROWBERRY ROAD
PALM BAY FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MCGIRL, PATRICK
5140 COBBLE CREEK COURT #201
NAPLES FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
LS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
300003851433-4
-03/13/01--01119--003
****600.00 ****600.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
300003851433-4
-03/13/01--01119--004
****308.75 ****308.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)