

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90035 016 ***150.00

DOCUMENT # **P98000068949**

1. Entity Name

Radio Planning Consultants Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5140 Cobble Creek Court

3. Mailing Address

5140 Cobble Creek Court

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

Naples Florida

City & State

Naples, Florida

Zip

34110

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3558265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Patrick Mc Gint

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

5140 Cobble Creek Court #201

City

Naples

FL

Zip Code
34110

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

Patrick Mc Gint

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President**
NAME **Desmond Mc Gint**
STREET ADDRESS **5140 Cobble Creek Court #201**
CITY-ST-ZIP **Naples Florida 34110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director**
NAME **Michael Somich**
STREET ADDRESS **5140 Cobble Creek Court #201**
CITY-ST-ZIP **Naples FL 34110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director**
NAME **Patrick Mc Gint**
STREET ADDRESS **5140 Cobble Creek Court #201**
CITY-ST-ZIP **Naples FL 34110**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01 (91) 2532478

DATE

Daytime Phone #

CR2E034B (12/01)