## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 07, 2008 08:00 A Secretary of State DOCUMENT # P98000073800 1. Entity Name FORT WAYNE RADIO CORP. Principal Place of Business Mailing Address 1172 S. DIXIE HWY 4840 SW 80 STREET MIAMI, FL 33143 **CORAL GABLES, FL 33146-2918** 02192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2118234 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OASIS, RUSSELL DO NOT WRITE **4840 SW 80 STREET** MIAMI, FL 33143 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. (NOTE: Registered Agent signature required when reinstating) U000000885609 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/18/08-80021-002 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10, OFFICERS AND DIRECTORS TITLE OASIS, RUSS NAME **4840 S.W. 80TH STREET** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ·

12. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplymental report is true and appropriate 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 except the 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 type empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**