FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000075710

G & B BADIO COMMUNICATIONS, INC.

a a minore commencement was								
Principal Place	e of Business	Mailing Address					(5 MMÍTH IMMAN BHIN (MAN)	6 39 00
18628 BELVEDERE ROAD ORLANDO FL 32820 ORLANDO FL 32820 ORLANDO FL 32820						DO NOT WRITE IN	THIS SPACE	
	•					3. Date Incorporated or Qualifed	THIS STAGE	
,						•		
	<u> </u>	On Marilian Address				08/31/1998 4. FEI Number	Δη	plied For
	lace of Business	2a. Mailing Address				59-353/354		Applicable
21		Suite, Apt. #, etc.				34-303/00	\$8.75 A	
Suite, Apt.	#, etc	—	7			5. Certificate of Status Desired	Fee Re	
22		City & State				G. Etastica Compoint Financing		
City & State	e ,	⊢ ′	¬ ´			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23	Country	Zip	Cou	intry		8. This corporation owes the current y	- -	
Zip	r— ·	. — Т	30	nia y		Personal Property Tax.	Yes	□No
24	25 9. Name and Address of Current		30	Г		10. Name and Address of New Regis	-	
	9. Name and Address of Culter	r registated Agent		81	Name			·
PICK	(ARSKI, GREGORY E							
18628 BELVEDERE ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			~ .	
ORLANDO FL 32820				83		Marie Commence of the State of		
_	•		J.	03				
4° 4				84	City		FL 85 Zip C	Code
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office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent	lions of, Section 607.0505, Fior	iga Stat	utes.	he corporation	oration submits this statement for the purp n's board of directors. I hereby accept the	appointment as re	gistered
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	DR451dent	□ DELETE	1.1 TI	TLE	— Т		☐ Change	☐ Addition
NAME	PAUA J. HAI		1.2 N	AMF				
	3198 SUN Bramet				ADDRESS			
STREET ADDRESS	3195011041110		1	ITY-ST-	1	\$ 1. S. C.		
CITY-ST-ZIP	KSS 71 34744	□ DELETE	2.1 TI			100 7	☐ Change	[] Addition
TITLE	: Bice Pres.	—	2.2 N		}		_ •	_
NAME	GROG RUCANSKI	7D-1			L DEDFOO			
STREET ADDRESS		gen.	i i		ADDRESS			
CITY-ST-ZIP	· ON 21-32820	□ DELETE	_	TTY-ST	-ZIP		☐ Change	Addition
TITLE '	Richard Hall Secratary	☐ DELETE	3.1 TI					
	I SEC Y.OTAC		3.2 N	AME	1			
NAME	Secretary Ch		1		l	ំមុន្តក្នុងទ		
NAME STREET ADDRESS	Blag sin Ban ct		3.3 S	TREET	ADORESS	िपूर्वार्थिका		
	,8198 Sun Barn ct 1K.55. 71-34744.	•	3.3 S 3.4. C	TREET /	į.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Andrii:
STREET ADDRESS	Blag sin Ban ct	• □ DELETE	3.3 S 3.4. C 4.1 TI	TREET / CITY-ST ITLE	į.	ing state of	☐ Change	☐ Addition
STREET ADDRESS	Blag sin Ban ct	■ □ DELETE	3.3 S 3.4. C	TREET / CITY-ST ITLE	į.	ing state of	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	18198 SAN BORN CT 118155. 71-34744.	■ □ DELETE	3.3 S ² 3.4. C 4.1 TI 4. 2 N	TREET / CITY-ST ITLE NAME	į.	ing state of	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	18198 SAN BORN CT 118155. 71-34744.		3.3 S 3.4. C 4.1 TI 4. 2 N 4.3 S	TREET / CITY-ST ITLE NAME	ADDRESS	ing section .		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	18198 SAN BORN CT 118155. 71-34744.	■ □ DELETE	3.3 S 3.4. C 4.1 TI 4. 2 N 4.3 S	TREET / CITY-ST ITLE VAME TREET / ITY-ST-	ADDRESS	ing state of	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	18198 SAN BORN CT 118155. 71-34744.		3.3 S 3.4. C 4.1 TI 4. 2 N 4.3 S 4.4 CI	TREET / CITY-ST ITLE VAME TREET / CITY-ST-	ADDRESS	ing section .		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	18198 Son Ban ct 118185. 71-34744.		3.3 S ² 3.4. C 4.1 TI 4. 2 N 4.3 S ² 4.4 Cl 5.1 TI 5.2 N	TREET/ CITY-ST ITLE VAME TREET/ CITY-ST- TILE VAME	ADDRESS	ing section .		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS



DELETE

Change

Addition

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90106 048 ***150.00