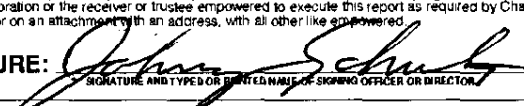


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91361 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80096743

DOCUMENT # P98000088280			
1. Entity Name RADIO BYTES, INC.			
Principal Place of Business 93 ARNONI DR. DUNEDIN, FL 34698		Mailing Address P.O. BOX 307 LAR60, FL 33779	
2. Principal Place of Business		3. Mailing Address 93 Arnoni Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Dunedin FL	
Zip		Zip 34698	
Country		Country	
4. FEI Number 59-3536651		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHULZ, JOHNNY 93 ARNONI DR. DUNEDIN, FL 34698		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PVST SCHULZ, JOHNNY 93 ARNONI DR. DUNEDIN, FL 34698			
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ 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 507, 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: 		4/24/03 727 733 7359	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2004 (10/02)