## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000099857  1. Entity Name SPECTRUM RADIO SYSTEMS, INC.					FILED Apr 19, 2000 8:00 am Secretary of State			
Principal Place of Business 5153 TUCUMCARI TRAIL SARASOTA FL 34241		Mailing Address 5153 TUCUMCARI TRAIL SARASOTA FL 34241-9118				00 015 ***158.7		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE I	IN THIS SPACE		
City & State		City & State		4.	FEI Number 65-0890937	<del></del>	oplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		ج.7ء=	Name and Address of New Reg	<u>,                                      </u>		
5153	OP, WYATT S TUCUMACARI TRAIL ASOTA FL 34241		5	HERR ddress (P.O. F 1.53 T B DARAS	30x Number is Not Acceptable) UCUM CARI	TR Zip Code	е	
SIGNATURE _  9. This corpo Tax filing re	named entity submits this statement for Signatur), typed or printed name of registered agent praction is eligible to satisfy its Intangible equirement and elects to do so. ita on back)	W KERRI P	NSSELL Registered Agent signa !! FEE IS \$150. 00 Fee will be \$	ture required when r	c/TREAS	4/13/00 cing _ \$5.0	May Be	
11.	OFFICERS AND	<u> </u>	12.		DDITIONS/CHANGES TO OFFICE	AS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISHOP, WYATT S 5153 TUCUMCARI TRAIL SARASOTA FL 34241	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5153	J. BISHOP TUCUM CARITR SOTA, FL-347	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAM6 1457	55 L. LEMKE 3 IROQUOIS 5, FL 33774	☐ Change	<b>∡</b> Addition	
TITLE		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	S/T KERR 5153	, Bossell TUCUMCARI T SOTA, FL 34241		- X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	s true and accurate and that mo owered to execute this report a	ny signature shall l as required by Ch	nave the came	i legal effect as it made linger bat	n; that I am an officer ppears in Block 11 or	r Block 12 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR