

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014136

1. Entity Name

AMFM INVESTMENTS, INC.

Principal Place of Business

36 SOUTH OCEAN BLVD. #B-4
DELRAY BEACH FL 33483

Mailing Address

36 SOUTH OCEAN BLVD. #B-4
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRALL, MARK L
616 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

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.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARINCOLA, FRAN
38 S. OCEAN BLVD., #A1
DELRAY BEACH FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MACHETTI, ALBERT
36 S. OCEAN BLVD., #A1
DELRAY BEACH FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 361 274-8898
Date Daytime Phone #

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04-28-2001 15:00:00 P99000014136

01 JUN 15 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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Form SS-4 (Rev. December 1993) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)		EIN OMB No. 1545-0003 Expires 12-31-96	
Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) AMM INVESTMENTS				
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name Mark Krall		
	4a Mailing address (street address) (room, apt., or suite no.) 36 S. Ocean Blvd A1		5a Business address, if different from address in lines 4a and 4b 36 S. Ocean Blvd A1		
	4b City, state, and ZIP code Delray Bch. FL 33483		5b City, state, and ZIP code		
	6 County and state where principal business is located TAMPA BACH, FL				
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ Francis Marinoda 201-30-2178				
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input checked="" type="checkbox"/> Other corporation (specify) S type <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶				
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶		State Florida		Foreign country	
9 Reason for applying (Check only one box.) <input type="checkbox"/> Started new business (specify) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Banking purpose (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ NOT YET RECEIVED					
10 Date business started or acquired (Mo., day, year) (See instructions.) 2/12/99			11 Enter closing month of accounting year. (See instructions.)		
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ Jan, 2010					
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." 0					
14 Principal activity (See instructions.) ▶ real estate					
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶					
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input checked="" type="checkbox"/> Other (specify) ▶ real estate <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A					
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.					
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ Trade name ▶					
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Francis Marinoda Principal officer 361-274-8898 Name and title (Please type or print clearly) Business telephone number (include area code)					
Signature ▶ [Signature] Date ▶					
Note: Do not write below this line. For official use only.					
Please leave blank ▶ Geo. Ind. Class Size Reason for applying					