2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P99000028155

1. Entity Name

RADIO PALATKA, INC.



Principal Place of Business Mailing Address 1501 REID ST 1428 St Cpluxs Auc 1501 REID ST. 1428 ST Johns Ave PALATKA FL 32177 PALATKA FL 32177

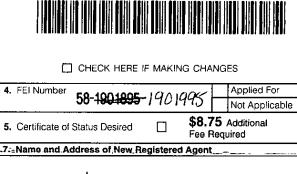
6. Name and Address of Current Registered Agent

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

2. Principal Place of Business ·	3. Mailing Address		
1428 St. Johns Ave	1428 St. Johns New		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
Sity & State	City & State		
Palatka 72	Palatka H		
Zip Country	Zip Country		
・	27/77		

FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90136 045 ***150.00



DATE

BULLOCK, WAYNE 1501 REID ST. 1428 ST. Johns Acce PALATKA FL 32177	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code
The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept

	ne obligations of registered agent.
SIC	NATI IRE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

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
NAME STREET ADDRESS CITY-ST-ZIP	PD Delete BULLOCK, WAYNE 1501-REID-ST. 1428 St. Johns Acce PALATKA FL 32177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Delete BULLOCK, BARBARA K 1501-REID-ST. 1428 St. Johns Acce PALATKA FL 32177	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 HIP report as equired 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 like empowered.

Date