## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # **P99000067142** SONIC - FM. INC. 02-01-2000 90008 021 \*\*\*158.75 Mailing Address Principal Place of Business 5401 E. INDEPENDENCE BLVD. 5401 E. INDEPENDENCE BLVD. **CHARLOTTE NC 28212-0503** CHARLOTTE NC 28212 VAATTAOR 2. Principal Place of Business 3. Mailing Address 13950 S. TAMIAMI TRAIL 13880 S. TAMIAMI TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0938819 Not Ayada .... FT. MYERS, FL FT. MYERS. FL Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33912 33912 U.S. U.S. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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 signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition P TITLE TITLE ☐ Delete NAME B. SCOTT SMITH NAME STREET ADDRESS STREET ADDRESS 5401 E. INDEPENDENCE BLVD. CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE, NC 28212 ☐ Change X Addition ☐ Delete TITLE V/S/T TITLE NAME NAME THEODORE M. WRIGHT STREET ADDRESS 5401 E. INDEP CHARLOTTE, NC STREET ADDRESS INDEPENDENCE BLVD. CITY-ST-ZIP CITY-ST-7IP Change ASSISTANT S/T X Addition ☐ `Delete TITLE TITLE ROBERT A. HUDSON NAME NAME STREET ADDRESS 24825 U.S. HWY 19 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>CLEARWATER, FL 33763</u> ☐ Change X Addition ☐ Delete TITLE ASSISTANT S/T TITLE NAME NAME JANET C. PTASZEK STREET ADDRESS STREET ADDRESS 1919 NORTH DIXIE FREEWAY CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #