

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067142

1. Entity Name
SONIC - FM, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90009 013 ***150.00

Principal Place of Business

Mailing Address

**13950 S. TAMiami TRAIL
FORT MYERS FL 33912
US**

**13950 S. TAMiami TRAIL
FORT MYERS FL 33912
US**

2. Principal Place of Business

7070 LAKES TERRACE

Suite, Apt. #, etc.

3. Mailing Address

13880 S. TAMiami TRAIL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL

Zip
33912

Country
LEE

City & State

FORT MYERS, FL

Zip
33912

Country
LEE

4. FEI Number

65-0938819

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 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 **P** ☐ Delete
NAME **SMITH, SCOTT B**
STREET ADDRESS **5401 E. INDEPENDENCE BLVD**
CITY-ST-ZIP **CHARLOTTE NC 28212**

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

TITLE **VST** ☐ Delete
NAME **WRIGHT, THEODORE M**
STREET ADDRESS **5401 E. INDEPENDENCE BLVD**
CITY-ST-ZIP **CHARLOTTE NC 28212**

TITLE **VT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AST** ☒ Delete
NAME **HUDSON, ROBERT A**
STREET ADDRESS **24825 U.S. HWY 19 NORTH**
CITY-ST-ZIP **CLEARWATER FL 33763**

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

TITLE **AST** ☐ Delete
NAME **PTASZEK, JANET C**
STREET ADDRESS **1919 NORTH DIXIE FREEWAY**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Stephen K. Coss**
STREET ADDRESS **6415 Idlewild Road**
CITY-ST-ZIP **Charlotte, NC 28212**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AST** ☐ Change ☒ Addition
NAME **Ricky L. Brown**
STREET ADDRESS **4625 Alexander Drive, Suite 140**
CITY-ST-ZIP **Alpharetta, GA 30022**

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: *Janet C Ptasek* *asst sec/treas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-01

Date

904-427-1313

Daytime Phone #

CR2E034 (10/00)