

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90071 008 \*\*\*150.00

**DOCUMENT # P99000067142**

**1. Entity Name**  
**SONIC - FM, INC.**

**Principal Place of Business**

**7070 LAKES TERRACE  
FORT MYERS FL 33912  
US**

**Mailing Address**

**13880 S. TAMiami TRAIL  
FORT MYERS FL 33912  
US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-0938819**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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, 2002 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** **VT** ☐ Delete  
**NAME** **WRIGHT, THEODORE M**  
**STREET ADDRESS** **5401 E. INDEPENDENCE BLVD**  
**CITY-ST-ZIP** **CHARLOTTE NC 28212**

**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** **S** ☐ Delete  
**NAME** **COSS, STEPHEN K**  
**STREET ADDRESS** **6415 IDLEWILD ROAD**  
**CITY-ST-ZIP** **CHARLOTTE NC 28212**

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

**TITLE** **AST** ☐ Delete  
**NAME** **BROWN, RICKY L**  
**STREET ADDRESS** **4625 ALEXANDER DRIVE, SUITE 140**  
**CITY-ST-ZIP** **ALPHARETTA GA 30022**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ricky L. Brown** **1-15-02** **770-772-3103**

Date

Daytime Phone #

CR2E034 (9/01)