

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90061 035 ***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**

04001716



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004

Chg-P

CR2E034 (10/03)

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

**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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2004 Fee will be \$550.00**

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

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

TITLE **AS** ☐ Change ☒ Addition
NAME **Lou Lipari**
STREET ADDRESS **10418 Springrose Drive**
CITY-ST-ZIP **Tampa, FL 33626**

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

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

TITLE **VP** ☐ Delete
NAME **IUPPENLATZ, MARK J**
STREET ADDRESS **2911 PROVIDENCE TRAIL LANE**
CITY-ST-ZIP **CHARLOTTE, NC 28270**

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 **AS** ☐ Delete
NAME **PLUMMER, DAVID**
STREET ADDRESS **5901 AVELON VALLEY, #938**
CITY-ST-ZIP **CHARLOTTE, NC 28277**

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

TITLE **AS** ☐ Delete
NAME **MULLINS, MICHAEL E**
STREET ADDRESS **3905 VASCONIA STREET**
CITY-ST-ZIP **TAMPA, FL 33629**

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

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 this report as required 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lou Lipari
Lou Lipari

1/8/04
1/8/04

239-433-8353
239-433-8353