


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90002 043 \*\*\*150.00

<b>DOCUMENT # P99000067142</b>	
1. Entity Name <b>SONIC - FM, INC.</b>	

Principal Place of Business <b>7070 LAKES TERRACE FORT MYERS, FL 33912 US</b>	Mailing Address <b>13880 S. TAMiami TRAIL FORT MYERS, FL 33912 US</b>
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50003400

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0938819</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SMITH, SCOTT B 5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-T Wyatt, E. Lee 10512 Lady Grace Lane Charlotte, NC 28270</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT WRIGHT, THEODORE M 5401 E. INDEPRNDENCE BLVD CHARLOTTE, NC 28212</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Lipari, Lou 10418 Springrose Drive Tampa, FL 33626</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP IUPPENLATZ, MARK J 2911 PROVIDENCE TRAIL LANE CHARLOTTE, NC 28270</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS/AT O'Connor, Joseph 7200 Graybeard Ct Charlotte, NC 28226</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S COSS, STEPHEN K 6415 IDLEWILD ROAD CHARLOTTE, NC 28212</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS PLUMMER, DAVID 5901 AVELON VALLEY, #938 CHARLOTTE, NC 28277</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MULLINS, MICHAEL E 3905 VASCONIA STREET TAMPA, FL 33629</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** Lou Lipari Lou Lipari 1-13-05 (727) 243-2558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #