


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90002 045 ***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**

60021280



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

02172006 Chg-P CR2E034 (11/05)

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

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME: SMITH, SCOTT B STREET ADDRESS: 5401 E. INDEPENDENCE BLVD CITY-ST-ZIP: CHARLOTTE, NC 28212	<input type="checkbox"/> Delete	TITLE: AS NAME: Scott Dobler STREET ADDRESS: 2125 Larchwood Court CITY-ST-ZIP: New Port Richey, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPT NAME: WYATT, E. LEE STREET ADDRESS: 10512 LADY GRACE LANE CITY-ST-ZIP: CHARLOTTE, NC 28270	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: IUPPENLATZ, MARK J STREET ADDRESS: 2911 PROVIDENCE TRAIL LANE CITY-ST-ZIP: CHARLOTTE, NC 28270	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: COSS, STEPHEN K STREET ADDRESS: 6415 IDLEWILD ROAD CITY-ST-ZIP: CHARLOTTE, NC 28212	<input type="checkbox"/> Delete	TITLE: AS NAME: PLUMMER, DAVID STREET ADDRESS: 5901 AVELON VALLEY, #938 CITY-ST-ZIP: CHARLOTTE, NC 28277	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: MULLINS, MICHAEL E STREET ADDRESS: 3905 VASCONIA STREET CITY-ST-ZIP: TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE: AS NAME: MULLINS, MICHAEL E STREET ADDRESS: 3905 VASCONIA STREET CITY-ST-ZIP: TAMPA, FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Scott Dobler **Scott Dobler** Date: 2/21/06 Daytime Phone #: 727-647-3550