


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-19-2005 90002 042 \*\*\*150.00

<b>DOCUMENT # P99000067144</b>					
1. Entity Name <b>SONIC - FM VW, INC.</b>					
Principal Place of Business <b>7040 PETTYS WAY FORT MYERS, FL 33912 US</b>			Mailing Address <b>13880 S TAMiami TRAIL FORT MYERS, FL 33912</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0938821</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, SCOTT B <input type="checkbox"/> Delete 5401 E INDEPENDENCE BLVD CHARLOTTE, NC 28212		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/ATO'Connor, Joseph <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7200 Graybeard Ct. Charlotte, NC 28226	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WRIGHT, THEODORE M <input checked="" type="checkbox"/> Delete 5401 E INDEPENDENCE BLVD CHARLOTTE, NC 28212		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Wyatt, Jr., E. Lee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10512 Lady Grace Lane Charlotte, NC 28270	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IUPPENLATZ, MARK J <input type="checkbox"/> Delete 2911 PROVINCE TRAIL LANE CHARLOTTE, NC 28270		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Müllins, Michael E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3905 Vasconia Street Tampa, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSS, STEPHEN K <input type="checkbox"/> Delete 6415 IDLEWILD ROAD CHARLOTTE, NC 28212		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PLUMMER, DAVID <input type="checkbox"/> Delete 5901 AVELON VALLEY #938 CHARLOTTE, NC 28277		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LIPARI, LOU <input type="checkbox"/> Delete 10418 SPRINGROSE DRIVE TAMPA, FL 33626		TITLE 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: <u>Lou Lipari</u> <b>LOU LIPARI</b> <u>1/5/05</u> <b>(727) 243-2458</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50003409**



01042005 Chg-P CR2E034 (10/03)