
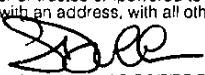


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000067144</b>					
<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 - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05242007 Chg-P CR2E034 (12/06)	
<b>4. FEI Number</b> 65-0938821				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> SMITH, SCOTT B		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 5401 E INDEPENDENCE BLVD	<b>CITY-ST-ZIP</b> CHARLOTTE, NC 28212		000000765892 06/05/07-80001-027 158.75		
<b>TITLE</b> AS	<b>NAME</b> MULLINS, MIKE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 3905 W VASCONIA ST	<b>CITY-ST-ZIP</b> TAMPA, FL 33629		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VP	<b>NAME</b> IUPPENLATZ, MARK J		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 2911 PROVINCE TRAIL LANE	<b>CITY-ST-ZIP</b> CHARLOTTE, NC 28270		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S	<b>NAME</b> COSS, STEPHEN K		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 6415 IDLEWILD ROAD	<b>CITY-ST-ZIP</b> CHARLOTTE, NC 28212		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> AS	<b>NAME</b> PLUMMER, DAVID		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 5901 AVELON VALLEY #938	<b>CITY-ST-ZIP</b> CHARLOTTE, NC 28277		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> AS	<b>NAME</b> DOBLER, SCOTT		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 2125 LARCHWOOD CT	<b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34655		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> 			Scott Dobler		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 5/2/07 Daytime Phone #: (727) 441-3550		