

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90071 033 \*\*\*150.00

40013492



01282007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # S37511</b>					
1. Entity Name RADIO TOWER COMMUNICATIONS CORPORATION					
Principal Place of Business 1697 STARLING DR. SARASOTA, FL 34231 US			Mailing Address 1697 STARLING DR. SARASOTA, FL 34231 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0254584			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHULAN, GERLAD M. 1697 STARLING DR. SARASOTA, FL 34231			Name RUTH G. SHULAN		
			Street Address (P.O. Box Number is Not Acceptable) 1697 STARLING DRIVE		
			City SARASOTA, FL Zip Code 34231		
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: <u>Ruth G. Shulan</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>Feb 9, 2007</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHULAN, GERALD M.		NAME		
STREET ADDRESS	1697 STARLING DR.		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA, FL		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHULAN, RUTH G.		NAME		
STREET ADDRESS	1697 STARLING DR.		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA, FL		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHULAN, BRUCE C.		NAME		
STREET ADDRESS	17 THISTLE LANE		STREET ADDRESS		
CITY- ST- ZIP	WARREN, NJ		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHULAN, MICHAEL H.		NAME		
STREET ADDRESS	116 PRINCE STREET		STREET ADDRESS		
CITY- ST- ZIP	NEW YORK, NY		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <u>Ruth G. Shulan</u> <u>RUTH G. SHULAN</u> <u>Feb 9, 2007</u> <u>(941) 925-9728</u>					