

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90075 035 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V23208**

1. Corporation Name  
**RADIO METRIX INC.**

Principal Place of Business

~~1800 SECOND ST --~~  
~~SUITE 854 --~~  
~~SARASOTA FL 34238 --~~  
US

Mailing Address

~~1800 SECOND STREET --~~  
~~SUITE 854 --~~  
~~SARASOTA FL 34238~~  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/19/1992**

2. Principal Place of Business

**21 4400 Independence Court**

Suite, Apt. #, etc.

**22**  
City & State  
**23 Sarasota, Florida**

Zip Country  
**24 34234 25 USA**

2a. Mailing Address

**26 4400 Independence Court**

Suite, Apt. #, etc.

**27**  
City & State  
**28 Sarasota, Florida**

Zip Country  
**29 34234 30 USA**

4. FEI Number

**65-0345382**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SAMUEL S. DUFFEY**  
~~1800 SECOND ST --~~  
~~#854 --~~  
~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent

**81 Name** **SAMUEL S. DUFFEY**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**4400 Independence Court**  
**83**  
**84 City** **Sarasota** **FL** **85 Zip Code**  
**34234**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DP	MICHAEL, STEPHEN	<del>1800 SECOND STREET #854 --</del>	<del>SARASOTA FL ---</del>	
D	SAMUEL S. DUFFEY	<del>1800 SECOND STREET #854 --</del>	<del>SARASOTA FL ---</del>	
D	ROTH, ROBERT T	<del>1800 SECOND STREET #854 --</del>	<del>SARASOTA FL ---</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP	MICHAEL, STEPHEN	4400 Independence Court	Sarasota, FL 34234	
D	SAMUEL S. DUFFEY	4400 Independence Court	Sarasota, FL 34234	
D	ROTH, ROBERT T	1621 N. Mills Avenue	Orlando, FL 34803	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael, Stephen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1999

(941) 355-9361

Date

Daytime Phone #

CR2E034 (1/98)