


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 857710
1. Entity Name
SOUTHERN BROADCAST SERVICES, INC.



Principal Place of Business
**80 COMMERCE DRIVE
SUITE B
PELHAM, AL 35124 US**

Mailing Address
**PO BOX 1648
PELHAM, AL 35124**

DO NOT WRITE IN THIS SPACE



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number
63-0645619

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BALES, RICHARD OF KELLY, BLACK, BLACK & EA
RLE ---1400 ALFORD DUPONT BUILDING
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLEMAN, JIMMY WOOD 496 MILLER CIRCLE PELHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COLEMAN, BETTY ANN 496 MILLER CIRCLE PELHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/02/07-60035-005 150.00

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: Betty Ann Coleman **3-2007 205-603-3709**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Betty Ann Coleman