

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01789

1. Entity Name

HOPPER RADIO OF FLORIDA, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90052 024 ***150.00

Principal Place of Business

Mailing Address

7145 W 20TH AVENUE
HIALEAH FL 33014

7145 W 20TH AVENUE
HIALEAH FL 33014-4433

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

59-2073200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, BARRY
7111 MELROSE CASTLE LANE
BOCA RATON FL 33434

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SMITH, BARRY
STREET ADDRESS 7111 MELROSE CASTLE LN
CITY-ST-ZIP BOCA RATON FL 33434

TITLE VP OPERATIONS ☐ Change ☒ Addition
NAME JASON L. SMITH
STREET ADDRESS 3354 NW 53rd Circle
CITY-ST-ZIP BOCA RATON FL 33496

TITLE S ☐ Delete
NAME SMITH, HELEN
STREET ADDRESS 7145 W 20TH AVENUE
CITY-ST-ZIP HIALEAH FL 33014

TITLE Director-Marketing ☐ Change ☒ Addition
NAME SEAN B. SMITH
STREET ADDRESS 7111 MELROSE CASTLE LANE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE V ☐ Delete
NAME SMITH, EARL
STREET ADDRESS 7145 W 20TH AVENUE
CITY-ST-ZIP HIALEAH FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/00

305-822-8800

CR2E034 (9/99)