2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90116 048 ***158.75

C0012853

DO NOT WRITE IN THIS SPACE

DOCUMENT # G66412

1. Entity Name

WINSTANLEY BROADCASTING, INC.

Principal Place of Business	Mailing Address
~~7300 LAKESHORE DR~~	~~7300 LAKESHORE DR~~
~~#33~~	~~#33~~
~~NEW ORLEANS LA 70124~~	~~NEW ORLEANS LA 70130-1605~~
~~US~~	~~US~~

2. Principal Place of Business	3. Mailing Address
3 POYDRAS ST.	3 POYDRAS ST.
Suite, Apt. #, etc. 10-B	Suite, Apt. #, etc. 10-B
City & State NEW ORLEANS, LA	City & State NEW ORLEANS, LA
Zip 70130 Country US	Zip 70130 Country US

4. FEI Number 74-2288431 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'BRIEN, JOHN D.
929 JENKS AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WINSTANLEY, CARLIE B ~~7300 LAKESHORE DR~~ ~~NEW ORLEANS LA~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3 POYDRAS ST. 10-B NEW ORLEANS, LA 70130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WINSTANLEY, CHARLES K. ~~730 LAKE SHORE DR #33~~ ~~NEW ORLEANS LA~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3 POYDRAS ST. 10-B NEW ORLEANS, LA 70130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E014 (9/99)

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

SIGNATURE: [signature] 1/22/2000 504-523-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES K WINSTANLEY