

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90007 022 ****50.00

DOCUMENT # L01000000591

1. Entity Name
WEST PALM LICENSE, LLC

Principal Place of Business Mailing Address
4 FRONT STREET 25 Hubbard Dr **P.O. BOX 817 25 Hubbard Dr**
CROTON FALLS NY 10519 **CROTON FALLS NY 10519**
MT KISCO, NY **MT KISCO, NY**
10549 **10549**

2. Principal Place of Business 3. Mailing Address
25 Hubbard Dr **25 Hubbard Dr**
 Suite/Apt. #, etc. Suite/Apt. #, etc.
200 **200**

City & State City & State
MT KISCO, NY **MT KISCO, NY**
 ZIP Country ZIP Country
10549 US **10549 US**

4. FEI Number Applied For
65-1049744 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|------------------|----------------------|----------------------|---------------------------|--------------------------|
| <i>President</i> | John Sullivan | 25 Hubbard Dr | MT KISCO, NY 10549 | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------|----------------|-------------|--------------------------|--------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver/trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

CF2E083 (9/01)