

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *MA9 000001917*

FILED

01 MAY -1 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

SOUTHERN BROADCAST GROUP, LLC

Principal Place of Business

1111 MICHIGAN AVE.
SUITE 301
EAST LANSING, MI 48823

Mailing Address

SAME

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

38-3493496

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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

FILE NO. WITH FEE IS \$50.00
Make Check Payable to Department of State

500004275765
-05/22/01--01032--021
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE: MANAGER Delete
NAME: MICHAEL H. OESTERLE
STREET ADDRESS: 1111 MICHIGAN AVE. SUITE 301
CITY-ST-ZIP: EAST LANSING, MI 48823

TITLE: MANAGER Delete
NAME: G. WOODWARD STOVER, II
STREET ADDRESS: 1111 MICHIGAN AVE. SUITE 301
CITY-ST-ZIP: EAST LANSING, MI 48823

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE: Delete
NAME:
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CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

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

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

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 or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:



4-30-01

(517) 351-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/100)