

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90063 013 ***150.00

DOCUMENT # S83059

1. Entity Name
U.S. RADIO SYSTEMS, INC.

Principal Place of Business Mailing Address
7246 NW 31ST STREET 7246 NW 31ST STREET
MIAMI FL 33122 MIAMI FL 33122-1216
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7246 NW 31st Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State MIAMI FL City & State

4. FEI Number 65-0287843 Applied For Not Applicable

Zip 33122 Country USA Zip Country

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

6. Name and Address of Current Registered Agent
LOPEZ, CARLOS E.
7383 NW 36TH ST
MIAMI FL 33166

7. Name and Address of New Registered Agent
Name LOPEZ, CARLOS E.
Street Address (P.O. Box Number is Not Acceptable) 7246 NW 31st St.
City MIAMI FL Zip Code 33122

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 CARLOS LOPEZ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE 5/1/00

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

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

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Each row contains fields for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Delete, Change, or Addition.

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] DATE: 5/1/00 DAYTIME PHONE #: 305-471-0922