2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # 256827 1. Entity Name OKEECHOBEE BROADCASTERS INC 05-18-2000 90318 002 ***158.75 Principal Place of Business Mailing Address 3101 SO HWY 441 P.O. BOX 1247 OKEECHOBEE FL 34974 OKEECHOBEE FL 34973-1247 2. Principal Place of Business 3. Mailing Address 3MPL Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-0950644 KFECHOP Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOKES, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 3103 SE 25TH STREET **OKEECHOBEE FL 34974** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Department of State (See criteria on back) ۵. 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2Fn34 (9/99) ☐ Change ☐ Addition TITLE TITLE Delete STOKES, RICHARD A NAME NAME 3103 SE 25TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP OKEECHOBEE FL Change Addition TITLE ☐ Delete STOKES, CALLIE MAE 2100 S.W. 24TH AVENUE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL CITY - ST-ZIP ☐ Addition Change ☐ Delete TITLE STOKES, WILLIAM R NAME NAME 13130 FAMINGO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL CITY-ST-ZIP ☐ Delete Change Addition TITLE MEEKS, SHARON L NAME 6245 6TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP Delete TITLE ☐ Change Addition T)T) E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 turstee 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 a other like ampowered.

RICHARD A. STOKES SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR