2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # 293949** 1. Entity Name QUALITY BROADCASTING CORPORATION 01-26-2000 90010 046 ***150.00 Mailing Address Principal Place of Business 2710 W. ATLANTIC AVENUE 2255 GLADES RD. P.O. BOX 1420 STE. 237W B0007755 **BOCA RATON FL 33431-8547** DELRAY BEACH FL 33447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1099712 Not April 12 Zip Zip Country 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 RUBENSTEIN, MITCHELL Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES RD. STE. 237W **BOCA RATON FL 33431** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DCEO Change Addition ☐ Delete TITLE TITLE RUBENSTEIN, MITCHELL NAME NAME STREET ADDRESS 2255 GLADES RD. STE. 237W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** DPAS TITLE ☐ Delete ☐ Change Addition SILVERS, LAURIE NAME STREET ADDRESS 2255 GLADES RD. STE. 237W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Delete TITLE ☐ Change Addition TITLE MILLS, GEORGE NAME NAME STREET ADDRESS 2255 GLADES RD. STE. 237W STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33431** Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

M HICHELL RUBEN STEV W URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D