2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

293949 DOCUMENT

1. Entity Name

QUALITY BROADCASTING CORPORATION



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90678 001 ***150.00

Principal Place of Business 2710 W. ATLANTIC AVENUE P.O. BOX 1420 DELRAY BEACH FLA 33447		Mailing Address 2255 GLADES RD. STE. 237W BOCA RATON FL 33431		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 52 4000740 Applied For
				59-1099/12 - TAPPINE TO
Zip 🧐	Country	Zip	Country	Not Applicable
				5. Certificate of Status Desired \$8.75 Additional

Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBENSTEIN, MITCHELL 2255 GLADES RD. STE. 237W Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DCEO** ☐ Delete TITLE ☐ Change RUBENSTEIN, MITCHELL NAME ☐ Addition NAME STREET ADDRESS 2255 GLADES RD. STE. 237W STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE **DPAS** ☐ Delete NAME SILVERS, LAURIE Change ☐ Addition NAME STREET ADDRESS 2255 GLADES RD. STE. 237W STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change AME ☐ Addition NAME REET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.