2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

600515 **DOCUMENT #**

1. Entity Name

ROSENDORF MARGULIES BORUSHOK SCHOENBAUM RADIO Y ASSOCIATES OF HOLLYWOOD, INC.



Feb 06, 2003 8:00 am Secretary of State

FILED

02-06-2003 90123 028 ***150.00

1900 WINSTON RD P.O. KNOXVILLE TN 37919 KNO US US		Mailing Address P.O. BOX 30698 KNOXVILLE TN 37919 US	P.O. BOX 30698 KNOXVILLE TN 37919					
2. Principal Place of Business 9050 Pines Blvd Ste 200		3. Mailing Address			#	II BATA BABA DA	BU BUBUI CODII	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State Pembrake Pines, FL		City & State		4. 1) 38-1220770 		pplied For	
Zip	Country	Zip	Country	5. (Certificate of Status Desired		\$8.75 AC	
> 702	6. Name and Address of Current R	egistered Agent	ered Agent		Name and Address of New Re		Fee Requir	ed
000000	, ,		Nar			ogiotorou i	- Igent	
	ATION SERVICE COMPANY 'S STREET	Street Addre		et Address (P.O-B	ss (P.O. Box Number is Not Acceptable)			
	SSEE FL 32301							
,	*		City			FL	Zip Cod	de
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 the obligations of registered agent.								
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 Make Check Payable to Florida Department of State				-	Election Campaign Fina Trust Fund Contribution	_		00 May Be d to Fees
10.	OFFICERS AND D	IRECTORS	11.	ADI	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Massingale, H.Lynn MD 1900 Winston RD Knoxville Tn 37919	☐ Delete	TITLE NAME STREET ADDRE				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DVP APPLEMAN, ROBERT MD 14050 NW 14TH ST STE., #190 FORT LAUDERDALE FL 33323	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	iss			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS JOYNER, ROBERT ESQ 1900 WINSTON RD KNOXVILLE TN 37919—	☐ Delete	TITLE NAME STREET ADDRE				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HATCHE, MICHAEL 1900 WINSTON RD KNOXVILLE TN 37919	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SHERLILN, STEPHEN 1900 WINSTON RD KNOXVILLE TN 37919	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			Change	Addition
	AS POBGEE, THOMAS K 14050 NW 14TH ST STE.,#190 FORT LAUDERDALE FL 33323	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS			☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUESTA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR