

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32250**

1. Entity Name

RAINBOW BROADCASTING, LTD.

FILED

02 FEB -6 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**6405 EDGEWORTH DRIVE
ORLANDO FL 32819**

Mailing Address

**6405 EDGEWORTH DRIVE
ORLANDO FL 32819**

2. Principal Place of Business

**1000 BRICKELL AVE
Suite, Apt. #, etc.
920**

3. Mailing Address

**1000 BRICKELL AVE
Suite, Apt. #, etc.
920**

DUE BY MAY 1, 2002

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

36-5129247

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

FL 33131

Country

USA

5. Certificate of Status Desired. ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERRONE, STEPHEN L
1000 BRICKELL AVENUE, SUITE 920
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

\$3,651,292.47

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **S95370**
NAME **RAINBOW BROADCASTING CO., INC.**
STREET ADDRESS **6405 EDGEWORTH DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1000 BRICKELL AVE, SUITE 920

CITY-ST-ZIP

MIAMI, FL 33131

DOCUMENT #

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
JOSEPH REY, PRESIDENT of the G.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/4/02 305 7025504
Date Daytime Phone #

CR2E003 (9/01)