

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99000002255

**1. Entity Name**  
KDAF, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -3 PM 1:33

**Principal Place of Business**      **Mailing Address**  
7380 SAND LAKE RD  
SUITE 600  
Orlando, FL 32819

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number**      ☐ Applied For  
Not Applicable

**5. Certificate of Status Desired**      ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
ROGER FARWELL  
7380 SAND LAKE RD  
Orlando, FL 32819

**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      (NOTE: Registered Agent signature required when reinstating)      DATE

<b>9. Capital Contributions</b> as Shown on record.      99.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE</b> SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L 9900000 8438	STREET ADDRESS	
NAME	KDAF, LLC	CITY-ST-ZIP	300003291063--7
STREET ADDRESS	7380 SAND LAKE RD		-06/15/00--01051--005
CITY-ST-ZIP	ORLANDO, FL 32819		****150.00      ****150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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:**       **ROGER FARWELL**  
Managing Member  
KDAF, LLC

Date: 4-26-00      Daytime Phone #: 407-226-1000

CR2E003 (9/99)