## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Sep 03, 2003 8:00 am Secretary of State F01000004290 DOCUMENT # 09-03-2003 90021 043 \*\*\*150.00 1. Entity Name MARIANNA BROADCASTING, INC. Principal Place of Business Mailing Address ONOSCINE 1 SHCAKELFORD DR., STE 400 1 SHCAKELFORD DR., STE 400 LITTLE ROCK AR 72211 LITTLE ROCK AR 72211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. I CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 73-1598261 Not Applicable Zip Country Country Zip \$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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 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 the obligations of registered agent. 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 \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Addition □ Delete MORTON, LARRY & NAME NAME 1 SHACKELFORD DR., STE 400 STREET ADDRESS STREET ADDRESS LITTLE ROCK AR CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change FESS, GREGORY W NAME NAME STREET ADDRESS 1 SHACKELFORD DR., STE 400 STREET ADDRESS LITTLE ROCK AR CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete WITHROW, LORI NAME NAME 1 SHACKELFORD DR., STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-7IP LITTLE ROCK AR CITY-ST-7/P TITLE ☐ Delete TITLE Change Change Addition CHASTAIN, EMILIA NAME NAME 1 SHACKELFORD DR., STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LITTLE ROCK AR CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition HOOPER, MAX W NAME NAME 1 SHACKELFORD DR., STE 400 STREET ADDRESS STREET ADDRESS LITTLE ROCK AR CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE X Delete Change Addition LUKEN III, HENRY G NAME NAME 900 FAIRWAY LANE STREET ADDRESS STREET ADDRESS SODDY DAISY TN CITY-ST-ZIP CITY-ST-ZIP

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 attachry@nt with an address, with all other like empowered.

BIBQUIPER Withrow SIGNATURE:

Attachment

90153808 # FOIDXXXX4290

## Marianna Broadcasting, Inc.

1 Shackleford Drive, Suite 400 Little Rock, AR 72211

August 27, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Uniform Business Report

To Whom It May Concern:

This letter is in regards to the Uniform Business Report that we recently received for Marianna Broadcasting, Inc. As this report was due in May and we did not receive the form until August, we ask that the late fee be waived. Accordingly, enclosed is the completed form and a check in the amount of \$150.00 for the 2003 filing fee.

Sincerely,

Lori Withrow

Corporate Secretary

LW:crv

enclosures