## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 13, 2002 8:00 am & Secretary of State F93000004084 DOCUMENT # 1. Entity Name GRANT BROADCASTING SYSTEM II, INC. 05-13-2002 90140 033 \*\*\*150.00 Principal Place of Business Mailing Address 915 MIDDLE RIVER DRIVE, SUITE 409 915 MIDDLE RIVER DRIVE, SUITE 409 FORT LAUDERDALE FL 33303 FORT LAUDERDALE FL 33303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0419403 Not Applicable Zip Zip Country Country \$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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ed when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE \$\$ \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Delete TITLE ☐ Change Addition Klein, Benjamin GRANT, MILTON NAME NAME 3694 Newport AVC 915 MIDDLE RIVER DRIVE, STE. 409 STREET ADORESS STREET ADDRESS FT. LAUDERDALE FL 33303 Bounton Beach, Fl CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE GRANT, MILTON NAME NAME 915 MIDDLE RIVER DRIVE, STE. 409 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33303 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TOWE, WILLIAM D NAME NAME 3500 GALT OCEAN DRIVE #1017 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition CALLAHAN, CAROL NAME NAME 9870 NW 10TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 11 or Block 12 if

SIGNATURE:

**FILED**