

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06/22/14 MB

DOCUMENT # F98000006120

1. Entity Name  
BROADCAST REAL ESTATE, INC.



Principal Place of Business  
P.O. BOX 980  
DAKOTA DUNES SD 57049

Mailing Address  
P.O. BOX 980  
DAKOTA DUNES SD 57049

FILED  
03 JUN -4 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 46-0448176

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable).

1200 South Pine Island Rd.  
City Plantation FL Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Christine M. Eastman  
Assistant Secretary

6/2/03  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD  
NAME WAITT, NORMAN W JR.  
STREET ADDRESS 1125 S. 103RD ST., SUITE 200  
CITY-ST-ZIP OMAHA NE 68124 ☐ Delete

TITLE VCD  
NAME SELINE, STEVEN W  
STREET ADDRESS 1125 S. 103RD ST., SUITE 200  
CITY-ST-ZIP OMAHA NE 68124 ☐ Delete

TITLE PD  
NAME DELICH, MICHAEL J  
STREET ADDRESS 1125 S. 103RD ST., SUITE 200  
CITY-ST-ZIP OMAHA NE 68124 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200020826652  
06/13/03--01080--022 \*\*\$50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-03

402-330-2520

Date

Daytime Phone #

CR2E034 (10/02)