

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90019 017 ***150.00

DOCUMENT # F98000006747

1. Entity Name

GORE-OVERGAARD BROADCASTING, INC.



Principal Place of Business

% CORDELL J. OVERGAARD
THREE-FIRST NATIONAL PLAZA
CHICAGO IL 60602

Mailing Address

PO BOX 2164
LA GRANGE IL 60525

2. Principal Place of Business

11310 E. ARABIAN PARK DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SCOTTSDALE, AZ

Zip

85259

Country

USA

Zip

Country

4. FEI Number

36-3445813

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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 \$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	PSD	<input type="checkbox"/> Delete
NAME	OVERGAARD, CORDELL J	
STREET ADDRESS	11310 E ARABIAN PARK DR	
CITY-ST-ZIP	SCOTTSDALE AZ 85259	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	MCMASTER, WILLIAM G JR	
STREET ADDRESS	495 OAK STREET	
CITY-ST-ZIP	GLEN ELLYN IL 60137	
TITLE	TCEO	<input type="checkbox"/> Delete
NAME	GORE, HAROLD W	
STREET ADDRESS	1000 OLDE DOUBLOON DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CARRARA, SHARON	
STREET ADDRESS	813 S. 8TH AVE	
CITY-ST-ZIP	LA GRANGE IL 60525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 attachment with an address, with all other like empowered.

SIGNATURE:

Sharon Carrara, Asst. Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

708/579-9831

Daytime Phone #

CR2E034 (10/02)