## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **F99000002997** May 17, 2000 8:00 am Secretary of State ROCKPOINTE BROADCASTING CORPORATION 05-17-2000 90975 019 \*\*\*150.00 Principal Place of Business Mailing Address 480 NATIONAL PRESS BUILDING 480 NATIONAL PRESS BUILDING WASHINGTON DC 20045 WASHINGTON DC 20045-1401 2. Principal Place of Business 3. Mailing Address 400 EYF. 1400 EYE STREET. NW DO NOT WRITE IN THIS SPACE UITE Applied For City & State 4. FEI Number 54-1770201 <u>vashington</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired 20<u>005</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NULAND, CHRISTOPHER L:-Street Address (P.O. Box Number is Not Acceptable) 1000 RIVERSIDE AVE., #200 JÄCKSONVILLE FL 32204 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. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SULLIVAN, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 9349 TOVITO DRIVE CITY-ST-ZIP CITY-ST-ZIP FAIRFAX VA 22031 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY=ST=ZIP GiTT-ST-ZIF ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like ampowered.

Daytime Phone #