

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-14-2003 90058 041 ***150.00

DOCUMENT # H61570

1. Entity Name
GBH RADIO, INC.



Principal Place of Business
C/O GISELA HUBERMAN
5022 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

Mailing Address
C/O GISELA HUBERMAN
5022 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2548497**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBERMAN, GISELA B
3907 SOUTH OCEAN BLVD.
HIGHLAND BEACH FL 33487

Name **GISELA HUBERMAN**

Street Address (P.O. Box Number is Not Acceptable)

5022 FISHER ISLAND DR.

FISHER ISLAND

City

FL

Zip Code

33109

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**
NAME **HUBERMAN, GISELA B** ☒ Delete
STREET ADDRESS **3907 SOUTH OCEAN BOULEVARD**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

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

TITLE **PSTD**
NAME **HUBERMAN, GISELA B** ☐ Delete
STREET ADDRESS **5022 FISHER ISLAND DR.**
CITY-ST-ZIP **FISHER ISLAND, FL 33109**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)