2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H65580** Jan 28, 2000 8:00 am **Secretary of State** HISPANIC KEYS BROADCASTING CORPORATION 01-28-2000 90096 045 ***150.00 Principal Place of Business Mailing Address 5200 NW 43ST 16502 NW 52 AVE MIAMI FL 33014 STE 102-320 GAINESVILLE FL 32606-4484 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 59-2778407 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CURRY, SCOTT A. Street Address (P.O. Box Number is Not Acceptable) 3201 FLAGLER AVENUE #504-505 KEY WEST FL 33040 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VSTD VST TITLE Change ☐ Addition ☐ Delete TITLE curry a michael CURRY, C. MICHAEL NAME NAME 1625 NW 51 DA. STREET ADDRESS STREET ADDRESS 7625 NW 51ST DRIVE converville FL 32653 CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32653** ☐ Addition TITLE Change ☐ Delete TITLE curary, charles P. **CURRY, CHARLES** NAME NAME 3450' Éagle our STREET ADDRESS 3450 EAGLE AVENUE STREET ADDRESS hey west CiTY-ST-ZIP CITY-ST-ZIP KEY WEST FL Change Addition ☐ Delete TITLE TITLE John C. Baille NAME NAME 4954 Cameron Valley Parkway STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Charlotte, NC 28210 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition