2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # H65580** HISPANIC KEYS BROADCASTING CORPORATION 04-11-2001 90006 049 ***150.00 Principal Place of Business Mailing Address 16502 NW 52 AVE 5200 NW 43ST MIAMI FL 33014 STE 102-320 GAINESVILLE FL 32653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2778407 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURRY, SCOTT A. Street Address (P.O. Box Number is Not Acceptable) 3201 FLAGLER AVENUE #504-505 KEY WEST FL 33040 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 VSTD ☐ Delete 701.5 TITLE ☐ Chanca Addition CURRY, C. MICHAEL NAME NAME STREET ADDRESS **7625 NW 51ST DRIVE** STREET ADDRESS CHY SI-ZIP CITY -ST-ZIP GAINESVILLE FL 32653 7171.5 ☐ Delete TITLE Addition **CURRY, CHARLES** NAME NAME 3450 EAGLE AVENUE STREET ADDRESS STREET ADDRESS CITY-SE ZIP CITY-ST-ZIP KEY WEST FL P/D ☐ Deiete Change TITLE TITLE Addition BAILIE, JOHN C NAME NAM5 STREET ADDRESS 4954 CAMERON VALLEY PKWY STREET ADDRESS CITY-ST-ZIP **CHARLOTTE NC 28210** CITY - ST - ZIP ☐ Delete Addit on 7111 -TIME ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP ☐ Delete TITLE T!T: E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OLTY - ST - ZIP CITY-ST-ZIP Change ☐ Delete TITLE DICE Acdition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Michael County