

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # J14879**1. Entity Name
SOUTHERN BROADCAST CORPORATION OF SARASOTA**Principal Place of Business**

5725 LAWTON DRIVE

SARASOTA

34233

FL

US

Mailing Address

C/O J. BRUCE IRVING, ESQ.

601 BRICKELL KEY DRIVE #801

MIAMI

33131

FL

US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

C/O J. MANUEL CALVO

Suite, Apt. #, etc.

5725 LAWTON DRIVE

City & State

City & State

SARASOTA

FL

Zip

Country

Zip

Country

34233

US

4. FEI Number**59-2698542**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentIRVING J. BRUCE
601 BRICKELL KEY DR, # 801

MIAMI

33131

FL

US

7. Name and Address of New Registered Agent

Name

CALVO J. MANUEL

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

5725 LAWTON DRIVE

City

SARASOTA

FL

Zip Code

34233

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 **J. MANUEL CALVO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/01/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME VSD
STREET ADDRESS HARDY SANDRA C
CITY-ST-ZIP 8400 ROUTE 13
LEVITTOWN PATITLE ☐ Delete
NAME VD
STREET ADDRESS ELLIS SHIRLEY C
CITY-ST-ZIP 8400 ROUTE 13
LEVITTOWN PATITLE ☐ Delete
NAME PD
STREET ADDRESS SMITH CAROLYN C
CITY-ST-ZIP 8400 ROUTE 13
LEVITTOWN PATITLE ☐ Delete
NAME V
STREET ADDRESS CALVO MANUEL J
CITY-ST-ZIP 5725 LAWTON DR
SARASOTA FLTITLE ☐ Delete
NAME T
STREET ADDRESS BIRCH EDWARD J
CITY-ST-ZIP 8400 ROUTE 13
LEVITTOWN PA**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition
NAME CD
STREET ADDRESS SHORTS GARY
CITY-ST-ZIP 8400 ROUTE 13
LEVITTOWN PATITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS SMITH CAROLYN C
CITY-ST-ZIP 8400 ROUTE 13
LEVITTOWN PATITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS CALVO MANUEL J
CITY-ST-ZIP 5725 LAWTON DR
SARASOTA FL 34233TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: J. Manuel Calvo

P

02/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)