

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90278 011 ***150.00

DOCUMENT # J29916

1. Entity Name

HOWARD BROADCASTING CORPORATION

Principal Place of Business

13499 BISCAYNE BLVD., LOBBY SUITE #1
NORTH MIAMI FL 33181

Mailing Address

13499 BISCAYNE BLVD., LOBBY SUITE #1
NORTH MIAMI FL 33181

2. Principal Place of Business

2010 NE 120th Rd
Suite, Apt. #, etc.

3. Mailing Address

2010 NE 120th Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Miami, FL
Zip 33181 Country

City & State

N. Miami, FL
Zip 33181 Country US

4. FEI Number 59-2727484

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

SASLAW, GARY R. ESQUIRE
20801 BISCAYNE BLVD
SUITE 304
N MIAMI BEACH FL 33180-1422

Name

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

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PREMIER, HOWARD
STREET ADDRESS 2010 NE 120TH RD
CITY-ST-ZIP N MIAMI FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)