

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008625

1. Entity Name
MEDIACO, LLC

FILED

01 MAY -3 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

484 Brickell Ave.,

3. Mailing Address

Same 4011 Toledo St

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

CORAL GABLES

Zip

33131

Country

USA

Zip

33146

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Ambler H. Moss, Esq.
Greenberg Traurig P.A.
1221 Brickell Avenue
Miami FL 33131**

Name

Sharan Chandradath Singh

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

4011 Toledo Street

City

Coral Gables

FL

Zip Code

33146

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004335281--3
-05/31/01--01012--015
*******55.00 *****55.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Singh, Sharan Chandradath	
STREET ADDRESS	4011 Toledo Street	
CITY-ST-ZIP	Coral Gables FL 33146	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Singh, Shyamal Chandradath	
STREET ADDRESS	4011 Toledo Street	
CITY-ST-ZIP	Coral Gables FL 33146	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Singh, Keshav Chandradath	
STREET ADDRESS	4011 Toledo Street	
CITY-ST-ZIP	Coral Gables FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Sharan Singh

Sharan Chandradath Singh, Manager Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #