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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008983

1. Entity Name
RICHLAND TOWERS MANAGEMENT, LLC

Principal Place of Business	Mailing Address
4890 W. KENNEDY BLVD., SUITE 850 TAMPA, FL 33609	4890 W. KENNEDY BLVD., SUITE 850 TAMPA, FL 33609

2. Principal Place of Business	3. Mailing Address
~~4890 W. Kennedy Blvd., Ste 920~~ (Suite, Apt. #, etc.) Tampa, FL 33609	~~4890 W. Kennedy Blvd., Ste 920~~ (Suite, Apt. #, etc.) Tampa, FL 33609
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3700407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ✓ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEST, DALE A 4890 W. KENNEDY BLVD., SUITE 850 TAMPA, FL 33609	Name F&L CORP. Street Address (P.O. Box Number is Not Acceptable) THE GREENLEAF BUILDING 200 LAURA STREET, 3RD FLOOR City JACKSONVILLE, FL 32202-3510

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Randolph J. Wilg VP 8/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHLAND TOWERS-BROADCAST, INC. 4890 W KENNEDY BLVD., #850 TAMPA, FL 336091863	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 920	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200022556559 08/15/03--01060--002 **55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: [signature] 7-24-03 (813)286-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #