

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90007 022 \*\*\*\*\*50.00

**DOCUMENT # L01000000591**

1. Entity Name

**WEST PALM LICENSE, LLC**

Principal Place of Business

4 FRONT STREET 25 Hubbard Dr  
 CROTON FALLS NY 10519  
 MT KISCO, NY 10549

Mailing Address

P.O. BOX 817 25 Hubbard Dr  
 CROTON FALLS NY 10519  
 MT KISCO, NY 10549

2. Principal Place of Business

25 Hubbard Dr  
 Suite Apt. #, etc.  
 200

3. Mailing Address

25 Hubbard Dr  
 Suite Apt. #, etc.  
 200

City & State

MT KISCO, NY  
 Zip 10549 Country US

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MT KISCO, NY  
 Zip 10549 Country US

4. FEI Number

65-1049744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.**  
**4435 OLD WINTER GARDEN ROAD**  
**ORLANDO FL 32811**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. **MANAGING MEMBERS/MANAGERS**

**John Sullivan** ☐ Delete  
 25 Hubbard Dr  
 MT KISCO, NY 10549

10. **ADDITIONS/CHANGES**

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

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☐ Delete

☐ Change ☐ Addition

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/trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)