## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

8. The above named entity submits this statement for the F&L Corp :e or registered agent, or both, in the State of Florida. Lam familiar with, and act the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE    County   Signature, tyled or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	2510
Principal Place of Business 4890 W. KENNEDY BLVD SUITE 850 TAMPA FL 33609  2. Principal Place of Business 4890 W. KENNEDY BLVD SUITE 850 TAMPA FL 33609  2. Principal Place of Business 3. Mailing Address 4890 W. KENNEDY BLVD SUITE 850 TAMPA FL 33609  2. Principal Place of Business 3. Mailing Address 4890 W. KENNEDY BLVD SUITE 850 TAMPA FL 33609  4890 W. KENNEDY BLVD SUITE 850 Tampa, FL 33609-1863  2ip Country 2ip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WEST, DALE A 4890 W. KENNEDY BLVD., SUITE 850 TAMPA FL 33609  8. The above named entity submits this statement for the State of Florida. I am familiar with, and ac the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE Signature, silk or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when refinishing)  DATE	2510
Principal Place of Business  489 W. KENNEDY BLVD SUITE 650 TAMPA FL 33609  2. Principal Place of Business  3. Mailing Address  489 W. KENNEDY BLVD SUITE 650 TAMPA FL 33609  3. Mailing Address  489 W. KENNEDY BLVD SUITE 650 TAMPA FL 33609  489 W. KENNEDY BLVD SUITE 650 TAMPA FL 33609-1863  2ip  Country  Country  Country  Country  Country  To Cou	2510
4890 W. KENNEDY BLVD SUITE 850 TAMPA FL 33609  3. Mailing Address  4890 West Kennedy Blvd.  Suite 920  Tampa, FL 33609-1863  Zip  Country  Tampa, FL 33609-1863  Timpa, FL 336	2510
4890 West Kennedy Blvd. Suite 920  Tampa, FL 33609-1863  Zip Country Zip Country 5-200 Additional Fee Required  6. Name and Address of Current Registered Agent  WEST, DALE A 4890 W. KENNEDY BLVD., SUITE 850 TAMPA FL 33609  8. The above named entity submits this statement for the F&L Corp the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  CITY CHECK HERE IF MAKING CHANGES  4. FEI Number 59-3700407  Applied Find Not Applied Find Not Applied Find Not Applied Find Not Applied Find Find Not Applied Find N	2510
4890 West Kennedy Blvd. Suite 920  Tampa, FL 33609-1863  Zip Country Zip Country 5-200 Additional Fee Required  6. Name and Address of Current Registered Agent  WEST, DALE A 4890 W. KENNEDY BLVD., SUITE 850 TAMPA FL 33609  8. The above named entity submits this statement for the F&L Corp the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  CITY CHECK HERE IF MAKING CHANGES  4. FEI Number 59-3700407  Applied Find Not Applied Find Not Applied Find Not Applied Find Not Applied Find Find Not Applied Find N	2510
Suite 920 Tampa, FL 33609-1863  Zip Country Zip Country 5. Certificate of Status Desired 5.00 Additional Fee Required  6. Name and Address of Current Registered Agent  WEST, DALE A 4890 W. KENNEDY BLVD., SUITE 850 TAMPA FL 33609  8. The above named entity submits this statement for the F&L Corp the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  Suite 920  Country 59-3700407  Applied F Not Ap	2510
Tampa, FL 33609-1863  Zip Country Zip Country 5. Certificate of Status Desired 5.00 Additional Fee Required  6. Name and Address of Current Registered Agent  WEST, DALE A 4890 W. KENNEDY BLVD., SUITE 850 TAMPA FL 33609  8. The above named entity submits this statement for the F&L Corp the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  Signature, tyled or printed name of registered agent and title if applicable.  WEST, DALE A 4890 W. KENNEDY BLVD., SUITE 850  The Signature required when reinstating)  A. FEI Number 59-3700407  Applied F Not App	2510
Tampa, FL 33609-1863  Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required  6. Name and Address of Current Registered Agent  WEST, DALE A 4890 W. KENNEDY BLVD., SUITE 850 TAMPA FL 33609  8. The above named entity submits this statement for the F&L Corp the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  Signature, types or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  Not Appli  \$5.00 Additional Fee Required  \$5.00 Additional Fee Required  **Street Address of New Registered Agent  Name FJL Corp  Street Address (PQ, Box Number is, Not Accaptable)  City TackSon ville  FL Zip Code  2 20 Lau ra  City TackSon ville  FL Zip Code  2 20 Code  2 20 Code  3 20 Code  City TackSon ville  FL Zip Code  3 20 Code  4 28/03  SIGNATURE  Signature, types or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE	3510
6. Name and Address of Current Registered Agent  WEST, DALE A  4890 W. KENNEDY BLVD., SUITE 850  TAMPA FL 33609  8. The above named entity submits this statement for the F&L Corp the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  Secretificate of Status Desired  Fee Required  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) The FL Zip Code 2 200 Lau ra  City Jack Son ville FL Zip Code 2 200  Signature, tyled or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE	
WEST, DALE A 4890 W. KENNEDY BLVD., SUITE 850 TAMPA FL 33609  8. The above named entity submits this statement for the F&L Corp the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  Name  FL Corp Street Address (P.B. Box Number is, Not Acceptable)  Lock Son ville  FL Zip Code 2 de or registered agent, or both, in the State of Florida. I am familiar with, and acceptable is a control of the State of Florida. I am familiar with, and acceptable is a control of the State of Florida. I am familiar with, and acceptable is a control of the State of Florida. I am familiar with, and acceptable is a control of the State of Florida. I am familiar with, and acceptable is a control of the State of Florida. I am familiar with, and acceptable is a control of the State of Florida. I am familiar with, and acceptable is a control of the State of Florida. I am familiar with, and acceptable is a control of the State of Florida. I am familiar with it is a control of the State of Florida. I am familiar with it is a control of the State of Florida. I am familiar with it is a control of the State of Florida. I am familiar with it is a control of the State of Florida. I am familiar with it is a control of the State of Florida. I am familiar with it is a control of the State of Florida. I am familiar with it is a control of the State of Florida. I am familiar with it is a control of the State of Florida. I am familiar with it is a control of the State of Florida in the St	
WEST, DALE A 4890 W. KENNEDY BLVD., SUITE 850 TAMPA FL 33609  8. The above named entity submits this statement for the F&L Corp the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  Signature, tyled or printed name of registered agent and title if applicable.  SIGNATURE  WEST, DALE A  Street Address (P.B. Box Number is, Not Acceptable) or I diting  City TackSon ville  FL Zip Code 2 de or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  Signature, tyled or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE	
4890 W. KENNEDY BLVD., SUITE 850 TAMPA FL 33609  Street Address (PQ Box Number is Not Acceptable 30: Iding  200 Laura Street Address (PQ Box Number is Not Acceptable 30: Iding  200 Laura Street Address (PQ Box Number is Not Acceptable 30: Iding  200 Laura Street Address (PQ Box Number is Not Acceptable 30: Iding  200 Laura Street Address (PQ Box Number is Not Acceptable 30: Iding  City Jackson ville FL Zip Code 23202-  8. The above named entity submits this statement for the F&L Corp 240 the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  Signature, tyled or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
8. The above named entity submits this statement for the F&L Corp the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE    City   Jack Son ville   FL   Zip Code 3/2302-	
8. The above named entity submits this statement for the F&L Corp the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  Signature, tyled or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE	
8. The above named entity submits this statement for the F&L Corp the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  Signature, tyled or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE	
the obligations of registered agent.  By: R.J. Wolfe, V.P. 4/28/03  SIGNATURE  Signature, tyled or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
Signature, typed or printed name or registered again and vire it applicable. (NOVE: registered Again signature required when relistaging)	. 1
Signature, typed or printed name or registered again and vire it applicable. (NOVE: registered Again signature required when relistaging)	- 1
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State	
Due By May 1, 2003	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	
TITLE MGR Delete TITLE Change A	dition 8
NAME RICHLAND TOWERS-BROADCAST, INC. STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	15
4030 W. KENNEDI DEAD. OIL 000	88
CITY-ST-ZIP TAMPA FL 33609	CR2E083 (10/02
TITLE Delete TITLE Change AN	) p
STREET ADDRESS 05/01/0301009015 ** <b>\$57.00</b>	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Change AC	dition
NAME NAME	
STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	
TITLE Delete TITLE Change Ac	dition
NAME NAME	
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Change Ac	dition
NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Change Ac	
NAME NAME	dition
	dition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	dition