2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L01000012732

1. Entity Name

BLACK CROW RADIO, L.L.C.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90032 020 ****50.00

Principal Place of Business 126 INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114			Mailing Address 126 International Speedway BlvD. Daytona Beach Fl 32114							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Num	4. FEI Number 59-3758882 Applied For				
Zip Country .		Zip	Zip Country		5. Certifica	te of Status Desired		5.00 Ad		
	6. Name and Address of Co	urrent Registered Agent			7. Name ar	d Address of New Reg		ee Require jent	ea	
150	METTO CHARTER SERVICES MAGNOLIA AVE. TONA BEACH FL 32114	S, INC.	ļ 	Name Street Address (P.O. Box Number is Not Acceptable)						
				City		<u>.</u>	FL	Zip Coo	te	
8. The above the obligat	named entity submits this statentions of registered agent.	ment for the purpose of changing	its registere	d office or regi	stered agent, or b	oth, in the State of Florid	a. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registere	ed agent and title if applicable. (N	IOTE: Registered	Agent signature reg	uired when reinstating)		DATE			
·-		Make Check Paya			·					
9.		MEMBERS/MANAGERS	10.			ADDITIONS/CH	IANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACK CROW MEDIA LLC 126 INTERNATIONAL SPEE DAYTONA BEACH FL 3211	edway blvd.	TITLE NAME STREET CITY-8	raddress :			Ţ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	, <u> </u>		C	Change	Addition	
TITLE NAME Street Address City-St-Zip		□ Delete	TITLE NAME STREET CITY-S	ADDRESS (C] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	,		E	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS			Ē] 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FORE TERMINERDIAN, Mgr. SIGNATURE AND TYPES OR INTED NAME OF SIGNING MANAGING MEMBER, MANAGER,

V7/03

386-255-9300

Davtime Phone #