

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

DOCUMENT # **L01000014111**

1. Entity Name

PLANETRADIO, LLC

07-02-2002 90818 032 *****55.00

Principal Place of Business

**979 NIAGARA STREET NORTHWEST
 PALM BAY FL 32907**

Mailing Address

**979 NIAGARA STREET NORTHWEST
 PALM BAY FL 32907**

2. Principal Place of Business

Same as #1

3. Mailing Address

Same as #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3751781

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DUGLIN, GARY B
 979 NIAGARA STREET NORTHWEST
 PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name **Same as #6**

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

TITLE **MGRM**
 NAME **DUGLIN, GARY B**
 STREET ADDRESS **979 NIAGARA STREET NORTHWEST**
 CITY-ST-ZIP **PALM BAY FL 32907**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ 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:

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

Date

Daytime Phone #

6/25/02 321-952-4279

CR2E083 (9/01)