2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
Feb 27, 2003 8:00 am
Secretary of State
02-05-2003 90033 015 ****55.00

DOCUMENT # L01000014111

1. Entity Name
PLANETRADIO, LLC

Principal Place of Business	Mailing Address
~~979 NIAGARA STREET NORTHWEST~~ ~~PALM BAY FL 32907~~ 4101 Northwest 13th Place Gainesville, FL 32605	~~979 NIAGARA STREET NORTHWEST~~ ~~PALM BAY FL 32907~~ P.O. Box 358444 Gainesville, FL 32635

2. Principal Place of Business		3. Mailing Address	
Same as Above		Same as Above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3751781 ☐ 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
DUGLIN, GARY B	Name Same as #6
~~979 NIAGARA STREET NORTHWEST~~	Street Address (P.O. Box Number is Not Acceptable)
~~PALM BAY FL 32907~~ ~~P.O. Box 358444~~	
~~Gainesville, Florida 32635~~	
4101 Northwest 13th Place, Gainesville, FL 32605	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DUGLIN, GARY B ~~979 NIAGARA STREET NORTHWEST~~ ~~PALM BAY FL 32907~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Box 358444 Gainesville, FL 32635	☐ 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	Same as #6	☐ 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] 2/3/03 352-335-9588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #