

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0004283

DOCUMENT # L02000002793

1. Entity Name

RICHLAND TOWERS-DALLAS FM, LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

4890 W. KENNEDY BLVD., STE. 850  
TAMPA FL 33609

Mailing Address

4890 W. KENNEDY BLVD., STE. 850  
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

4890 West Kennedy Blvd.  
Suite 920

4890 West Kennedy Blvd.  
Suite 920

Tampa, FL 33609-1863

Tampa, FL 33609-1863

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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., STE. 850  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

F&L CORP.

Street Address (P.O. Box Number is Not Acceptable)

THE GREENLEAF BUILDING  
200 LAURA STREET, 3RD FLOOR  
JACKSONVILLE, FL 32202-3510

City

FL

Zip Code

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

ce or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE *RJ Wolfe*

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

TITLE MGR  
NAME Richland Towers Broadcast  
STREET ADDRESS 4890 W. Kennedy Blvd Ste 920  
CITY-ST-ZIP Tampa FL 33609

Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

300017800603  
05/01/03--01009--019 \*\*55.00

Change

Addition

TITLE  
NAME  
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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 #

*RJ Wolfe* Asst VP of Mar 4-25-03 (813) 386-4140

CR2E083 (10/02)