

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0034302

DOCUMENT # L02000007048

1. Entity Name

RICHLAND NASHVILLE BROADCAST FACILITY, LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

4890 W. KENNEDY BLVD.
SUITE 850
TAMPA FL 33609

Mailing Address

4890 W. KENNEDY BLVD.
SUITE 850
TAMPA FL 33609

2. Principal Place of Business

4890 West Kennedy Blvd.

Suite 920

Tampa, FL 33609-1863

3. Mailing Address

4890 West Kennedy Blvd.

Suite 920

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.
SUITE 850
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P)

City

F & L. Corp.
The Greenleaf Building
200 Laura Street
Jacksonville, FL 32202-3510

8. The above named entity submits this statement for the purpose of the obligations of registered agent.

F&L Corp
By: R.J. Wolfe, V.P. 4/28/03

I 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 NAME ☐ Delete
Managing Member
Oakville Reserve Limited
STREET ADDRESS 4890 W. Kennedy Blvd Ste 920
CITY-ST-ZIP Tampa FL 33609

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
500017800685
STREET ADDRESS 05/01/03--01009--022 **\$5.00
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

RJ Wolfe
VP of Mgr

4-25-03 (813) 286 4146

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

Date

Daytime Phone #

CR2E083 (10/02)