

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90162 033 ****55.00

DOCUMENT # L03000015201

1. Entity Name

Integrity Radio of Florida, LLC



DO NOT WRITE IN THIS SPACE

24029569

2. Principal Place of Business

201 Asbury Street

Suite, Apt. #, etc.

3. Mailing Address

201 Asbury Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Arcadia, FL

City & State

Arcadia, FL

4. FEI Number

57-1165190

Applied For

Not Applicable

Zip

34266

Country

USA

Zip

34266

Country

USA

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

George Kalman

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

201 Asbury Street

City

Arcadia,

FL

Zip Code

34266

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 fee if applicable.

DATE

3/24/04

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM George Kalman 201 Asbury Street Arcadia, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Austin Isherwood 201 Asbury Street Arcadia, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 #

3/24/04

(883)993-1480

CR2E083B (12/02)