

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002467

1. Entity Name
RAINBOW RADIO, LLC

Principal Place of Business
C/O CARA EBERT CAMERON, P.A.
2929 EAST COMMERCIAL BLVD., SUITE 410
FT LAUDERDALE FL 33308

Mailing Address
C/O CARA EBERT CAMERON, P.A.
2929 EAST COMMERCIAL BLVD., SUITE 410
FT LAUDERDALE FL 33308-4220



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0877927

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

7. Name and Address of New Registered Agent

CAMERON, CARA EBERT
2929 EAST COMMERCIAL BLVD., SUITE 410
FT LAUDERDALE FL 33308

Name

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300003249639--1
-05/12/00--01010--020
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME CAMERON, CARA EBERT
STREET ADDRESS 2929 EAST COMMERCIAL BLVD., SUITE 410
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

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

TITLE MGRM
NAME SMITH, BARRY
STREET ADDRESS 618 ARBOR LAKE LANE
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE MGRM
NAME Smith, Barry
STREET ADDRESS 2929 East Commercial Blvd., Suite 410
CITY-ST-ZIP Ft. Lauderdale, Fl. 33308 ☒ Change ☐ Addition

TITLE MGRM
NAME BROOMFIELD, JOHN
STREET ADDRESS 7228 SAYBROOK DRIVE
CITY-ST-ZIP MIDLAND GA 31802 ☐ Delete

TITLE MGRM
NAME Broomfield, John
STREET ADDRESS 1719 Taylor Street
CITY-ST-ZIP Columbia, S. C. 20201-3451 ☒ 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

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: John Broomfield John Broomfield, Managing Member, 803-376-1039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)