APPRUYE! AND FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

L98000002467

| DOCUMENT # L9800002467                                                                 |                                                                                                                                    |                                                                                                      |                                                                           | FILLU                                                                                                                                        |                                          |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| RAINBOV                                                                                | RADIO, LLC                                                                                                                         |                                                                                                      |                                                                           | OLMAY -3 AM                                                                                                                                  | 110: 28                                  |
| Original Plan                                                                          |                                                                                                                                    | Matthew Address                                                                                      | !                                                                         | SECRETARY OF TALLAHASSEE,                                                                                                                    | STATE<br>FLORIDA                         |
| C/O CARA E<br>2929 EAST C                                                              | pe of Business<br>BERT CAMERON, P.A.<br>COMMERCIAL BLVD., SUITE 410<br>ALE FL 33308                                                | Mailing Address<br>C/O Cara Ebert Cameroi<br>2929 East Commercial Bi<br>FT Lauderdale FL 333:8       |                                                                           |                                                                                                                                              |                                          |
| Principal Place of Business     Mailing Address                                        |                                                                                                                                    |                                                                                                      |                                                                           |                                                                                                                                              |                                          |
| Suite, Apt. #, etc. Suite, Apt. #, €                                                   |                                                                                                                                    | Suite, Apt. #, etc.                                                                                  | DO NOT WRITE IN THIS SPACE                                                |                                                                                                                                              |                                          |
| City & State                                                                           |                                                                                                                                    | City & State                                                                                         |                                                                           | 4. FEI Number 65-0877927                                                                                                                     | Applied For Not Applicable               |
| Zip<br>.•                                                                              | Country                                                                                                                            | Country Zip Country                                                                                  |                                                                           |                                                                                                                                              | 5.00 Additional<br>e Required            |
|                                                                                        | 6. Name and Address of Current                                                                                                     | Registered Agent                                                                                     | News                                                                      | 7. Name and Address of New Registered Ag                                                                                                     | ∍nt                                      |
| CAMERON, CARA EBERT<br>2929 EAST COMMERCIAL BLVD., SUITE 410<br>FT LAUDERDALE FL 33308 |                                                                                                                                    |                                                                                                      | Name Street Address (P.O. Box Number is Not Acceptable)                   |                                                                                                                                              |                                          |
|                                                                                        |                                                                                                                                    |                                                                                                      |                                                                           |                                                                                                                                              |                                          |
|                                                                                        |                                                                                                                                    |                                                                                                      | City                                                                      | FL                                                                                                                                           | Zip Code                                 |
| SIGNATURE .                                                                            | Signature, typed or printed name of registered agent a                                                                             |                                                                                                      | gistered Agent signature required.  VIII FEE IS \$50.00 ple to Department | o l                                                                                                                                          |                                          |
| 9.                                                                                     | MANAGING MEMBE                                                                                                                     | I I I I I I I I I I I I I I I I I I I                                                                | 10.                                                                       | ADDITIONS/CHANGES                                                                                                                            |                                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                  | MGR<br>CAMERON, CARA EBERT<br>2929 EAST COMMERCIAL BLVD.<br>FT LAUDERDALE FL 33308                                                 | ☐ Delete                                                                                             | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                     | · · · · · · · · · · · · · · · · · · ·                                                                                                        | Change Addition                          |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                               | MGR<br>SMITH, BARRY<br>2929 EAST COMMERCIAL BLVD,<br>FT LAUDERDALE FL 33308                                                        | Delete                                                                                               | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                     |                                                                                                                                              | ☐ Change ☐ Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                  | MGR<br>BROOMFIELD, JOHN<br>1719 TAYLOR STREET<br>COLUMBIA SC 29201-3452                                                            | ☐ Delete                                                                                             | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                     | 300004325<br>-05/29/0101<br>******50.00                                                                                                      | 191-016<br>  31-016<br>  *****50.00      |
| TITLE<br>NAME<br>Street Address<br>City-St-Zip                                         | MGR<br>WILLIAMS, ANTHONY<br>826 EAST BALTIMORE STREET<br>BALTIMORE MD                                                              | ☐ Delete                                                                                             | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                     |                                                                                                                                              | Change Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                         | MGR<br>ROACH, LINDA<br>12655 NORTH CENTRAL EXPRES<br>DALLAS TX                                                                     | □ Delete<br>SSWAY, STE 710                                                                           | 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 of indicated fimited fial                                                 | pertify that the information supplied with<br>on this report is true and accurate and<br>bility company or the reserver or trustee | this filing does not qualify for the that my signature shall have the empowered to execute this tape | e exemption stated in same legal effect as if<br>ort as required by Cha   | Section 119.07(3)(i), Florida Statutes. I further certify<br>made under oath; that I am a managing member of<br>opter 608, Florida Statutes. | that the information<br>r manager of the |

John Broomfield, Manager 803-376-1039

Daytime Phone #