## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 08, 2002 8:00 am secretary of State DOCUMENT # L98000002467 1. Entity Name 05-08-2002 90084 027 \*\*\*\*50.00 RAINBOW RADIO, LLC Principal Place of Business Mailing Address C/O CARA EBERT CAMERON, P.A. C/O CARA EBERT CAMERON, P.A. 2929 EAST COMMERCIAL BLVD., SUITE 410 2929 EAST COMMERCIAL BLVD., SUITE 410 956949 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0877927 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMERON, CARA EBERT Street Address (P.O. Box Number is Not Acceptable) 2929 EAST COMMERCIAL BLVD., SUITE 410 FT LAUDERDALE FL 33308 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGR** TITLE ☐ Detete TITLE Change ☐ Addition NAME CAMERON, CARA EBERT NAME STREET ADDRESS 2929 EAST COMMERCIAL BLVD., SUITE 410 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, BARRY NAME STREET ADDRESS 2929 EAST COMMERCIAL BLVD, STE 410 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT\_LAUDERDALE\_FL\_33308 TITLE MGR ☐ Delete TITLE Change ☐ Addition NAME **BROOMFIELD, JOHN** NAME STREET ADDRESS 1719 TAYLOR STREET STREET ADDRESS CITY-ST-ZIP COLUMBIA SC 29201-3452 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, ANTHONY NAME STREET ADDRESS 826 EAST BALTIMORE STREET STREET ADDRESS CITY-ST-ZIP **BALTIMORE MD** CITY-ST-ZIF MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROACH, LINDA NAME STREET ADDRESS 12655 NORTH CENTRAL EXPRESSWAY, STE 710 STREET ADDRESS CITY-ST-ZIP DALLAS TX CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING MANAGING MEM

**FILED** 

Daytime Phone #