

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0009712

**DOCUMENT # L99000000190**

1. Entity Name

**SPANISH MEDIA BROADCASTING, L.L.C.**

04-01-2002 90727 017 \*\*\*\*50.00

Principal Place of Business

**3191 CORAL WAY  
 SUITE 1000  
 MIAMI FL 33145**

Mailing Address

**2828 CORAL WAY  
 SUITE 110  
 MIAMI FL 33145**

**80054634**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0888912**

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

**LEPORE, ANTHONY T ESQ  
 18145 SW 5TH CT  
 PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name **ANTHONY T. LEPORE, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)

**1890 NW 139 TERRACE**

City **PEMBROKE PINES** FL Zip Code **33028**

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)

DATE

**FILE NOW!!! F  
 Make Check Payable to  
 Due By May**

**CityScape**

Siting & Management, Inc.

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
 NAME **MGRP**  
 STREET ADDRESS **KORGE, CHRIS**  
 CITY-ST-ZIP **230 PALERMO AVE  
 CORAL GABLES FL 33134**

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **CANTOR, ANDRES**  
 CITY-ST-ZIP **2828 CORAL WAY #110  
 MIAMI FL 33145**

TITLE ☐ Delete  
 NAME **MGRV**  
 STREET ADDRESS **EDIN, ADIB**  
 CITY-ST-ZIP **2828 CORAL WAY #110  
 MIAMI FL 33145**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **EDIN, ADIB**  
 CITY-ST-ZIP **2828 CORAL WAY #110  
 MIAMI FL 33145**

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10.

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**CHANGE IS TO  
 CORRECT SPELLING**

**"EDEN"**

**EDEN, ADIB**

**EDEN, ADIB**

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:**

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

**3/15/02**

Date

**305 448-4652**

Daytime Phone #

CH2E083 (9/01)