

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

0014755

**DOCUMENT # L99000001764**

1. Entity Name  
**NORTH ROCKY MOUNTAIN TELEVISION, LLC**

04-22-2002 90226 021 \*\*\*\*50.00

Principal Place of Business  
**860 U.S. HIGHWAY ONE, SUITE 108  
 NORTH PALM BEACH FL 33408**

Mailing Address  
**860 U.S. HIGHWAY ONE, SUITE 108  
 NORTH PALM BEACH FL 33408**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**50 S. vs Hwy one**  
 Suite, Apt. #, etc. **303**

3. Mailing Address  
**50 S. US Hwy one**  
 Suite, Apt. #, etc. **303**

City & State **Jupiter, FL**

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4. FEI Number **65-0909653**

Applied For  
 Not Applicable

Zip **33477** Country **USA**

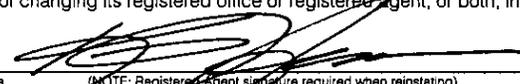
Zip **33477** Country **USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HESSER, KEVIN L  
 860 U.S. HIGHWAY ONE, SUITE 108  
 NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent  
 Name **HESSER, KEVIN L**  
 Street Address (P.O. Box Number is Not Acceptable) **50 S. US Hwy one #303**  
 City **Jupiter** FL Zip Code **33477**

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 **Kevin L. HESSEE**  **3/25/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HESSER, KEVIN L 860 U.S. HIGHWAY ONE, SUITE 108 NORTH PALM BEACH FL 33408</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER / PRES HESSER, KEVIN L 50 S. US Hwy one #303 JUPITER, FL 33477</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **KEVIN HESSEE** **3/25/02** **561/746-2808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)