## 2001 UNIFORM BUSINESS REPORT (UBR) APPKUT AND L99000004923 DOCUMENT # 1. Entity Name NEXUSTAR, LLC 01 MAY -3 AM 10: 28 SECRETARY OF STATE TAULAHASSEE, FLORIDA Principal Place of Business Mailing Address 600 SEA SAGE DRIVE 403 SOUTHEAST 1ST STREET **DELRAY BEACH FL 33483** DELRAY BEACH FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State Applied For City & State 4. FEI Number 65-0953102 Not Applicable 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 MOORE, W. RODGERS Street Address (P.O. Box Number is Not Acceptable) STE 210-A, 4800 NORTH FEDERAL HWY **BOCA RATON FL 33431** City Zip Code F١ 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. (NOT! Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Pa rable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. MGR CR2E083 (11/00) TITLE Delete TITLE ☐ Change ☐ Addition DEA, RICHARD F NAME NAME 600 SEA SAGE DRIVE STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change 200004925912 NAME NAME -05/29/01--01131--019 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*50.00 TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ded with this filing does not qualify for he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and any that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the 11. I hereby certify that the information supindicated on this report is true and ac limited liability company or the receive empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAG

PEON Kighard F. Den +/30/01 (561)-266-9699

Aging MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #