

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008727

DOCUMENT

1. Entity Name

STYLES BROADCASTING OF NEW ORLEANS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 25 AM 9:30

Principal Place of Business

Mailing Address

2605 THOMAS DRIVE SUITE 215
PANAMA CITY BEACH, FL 32408

2. Principal Place of Business

2605 THOMAS DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

215

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY, FL

City & State

4. FEI Number

59-3610726

Applied For

Not Applicable

Zip

32408

Country

BA4

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARON DINWIDDIE
221 MCKENZIE AVE
PANAMA CITY, FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

mf 3/8/00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THOMAS DIBACCO
2605 THOMAS DRIVE SUITE 215
PANAMA CITY BEACH, FL 32408

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- 2605 THOMAS DR SUITE 215
PANAMA CITY BEACH, FL 32408

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003164336-8
-03/09/00-01095-015
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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 OR MANAGER

Date

Daytime Phone #

THOMAS D. BACCO

2-22-2000 (850) 234-8388

CR2E083 (11/99)