

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008727

1. Entity Name

STYLES BROADCASTING OF NEW ORLEANS, LLC

Principal Place of Business

2605 THOMAS DRIVE, STE. #215
PANAMA CITY BEACH FL 32408

Mailing Address

2605 THOMAS DRIVE, STE. #215
PANAMA CITY BEACH FL 32408

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3610726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DINWIDDIE, SHARON
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

Thomas A. DiBacco

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

2605 THOMAS DRIVE

SUITE 215

City

PANAMA CITY BEACH FL

Zip Code

32408

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

Thomas A. DiBacco

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-01

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME DIBACCO, TOM
STREET ADDRESS 2605 THOMAS DR., STE. 215
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

Date

Daytime Phone #

Thomas A. DiBacco

MANAGING MEMBER 5-1-01 850234

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FILED
01 JUN -5 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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