

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90234 007 \*\*\*\*50.00

**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

**1800 Weakfish way**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 28358**

Suite, Apt. #, etc.

City & State

**Panama City Bch, FL**

City & State

**Panama City Bch, FL**

Zip

**32408**

Country

**USA**

Zip

**32411**

Country

**US**

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

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

7. Name and Address of New Registered Agent

Name

**DiBacco, Thomas A**

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

**1800 WEAKFISH WAY**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **DIBACCO, TOM**  
STREET ADDRESS **1800 weakfish way**  
CITY-ST-ZIP **Panama City Beach, FL 32408**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

CR2E083 (9/01)