

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001172

1. Entity Name

URBAN RADIO BROADCASTING, LLC

FILED

01 MAY -1 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
ONE OFFICE PARK  
SUITE 308  
MOBILE, AL 36609

Mailing Address  
ONE OFFICE PARK  
SUITE 308  
MOBILE, AL 36609

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2518492

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PASTERNAK, MARSHALL R ESQ.  
GREENBERG, TRAUIG, P.A.  
1221 BRICKELL AVENUE  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Marshall R. Pasternack, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
200 S. Biscayne Boulevard  
Suite 2500  
Miami FL 33131

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

By: Marshall R. Pasternack, President

*Marshall R. Pasternack*

4/20/01

SIGNATURE

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

(NOTE)

Registered Agent's signature required when rehashing

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

FILE NO WITH FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	Kevin Wagner	21300 San Simeon Way, R1	N Miami Beach FL 33179	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Marshall R. Pasternack*

9-27-01 (334) 343-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/00)