

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001179

1. Entity Name

URBAN RADIO LICENSES, 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: Suite, Apt #, etc.  
3. Mailing Address: Suite, Apt #, etc.

City & State: City & State  
Zip: Country: Zip: Country:

4. FEI Number: 58-2518493  
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, TRAURIG, P.A.  
1221 BRICKELL AVENUE  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name: 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  
SIGNATURE: *Marshall R. Pasternack* DATE: 4/20/01

FILE NO / III FEE IS \$50.00  
Make Check Payable to Department of State  
900004275289--0  
-05/22/01--01012--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kevin Wagner 21300 San Simeon Way, R1 N Miami Beach FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *K. R. 2.2* 4-27-01 (334) 343-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Day and Month #

CR2E083 (11/00)