# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001179

**1.** Entity Name
URBAN RADIO LICENSES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 273 AZELEA RD., #1-308<br>MOBILE, AL 36609 | 273 AZELEA RD., #1-308<br>MOBILE, AL 36609 |

## DO NOT WRITE IN THIS SPACE

03252004 No Chg-LLC          CR2E083 (10/03)

| **4.** FEI Number | Applied For |
|---|---|
| 58-2518493 | Not Applicable |

**5.** Certificate of Status Desired ☐     **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301

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**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.     (NOTE. Registered Agent signature required when reinstating)          DATE

**Filing Fee is $50.00**
**Due by May 1, 2004**

U00000144769
04/30/04--80143-022 50.00

**9.                    MANAGING MEMBERS/MANAGERS**

| | |
|---|---|
| TITLE | MGR |
| NAME | WAGNER, KEVIN |
| STREET ADDRESS | 21300 SAN SIMEON WAY, R1 |
| CITY-ST-ZIP | N MIAMI BEACH, FL 33179 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

## DO NOT WRITE IN THIS SPACE

**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: _____          4-28-04          251-343-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #