Electronic Filing Cover Sheet

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(((H110001366113)))



H110001386113ABCU

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

: (850)878-5368 Fax Number

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Email	Address:			 	 	

LLC REGISTERED AGENT CHANGE URBAN RADIO LICENSES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. LEWIS MAY 2 3 2011

EXAMINER

COVER LETTER

_	stration Section sion of Corporations						
SUBJECT:	Urban Radio Licensos, LLC						
Name of Limited Liability Company							
Dear Sir or i	Madam:						
The encloses	d Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.					
Please return	all correspondence concerning the	nis matter to the following:					
	Nume of Person	######################################					
CT Corporation	n System						
	Firm/Company						
	- L	•					
1203 Governor							
	Address						
Tallahassee, ří	32301	·					
	City/State and Zip Code						
	1 41. # .						
oathyrogers@u	ress: (to be used for future annual report not	(icution)					
E-man aon	ress: (to be used to induce student report non	incanton)					
For further in	oformation concerning this matter,	please call:					
		ut ()					
	Name of Person	Area Code & Daytime Telephone Number					
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:					
	ration Section	Registration Section					
	on of Corporations	Division of Corporations					
	n Building	P.O. Box 6327					
	Executive Center Circle	Tallahassee, Florida 32314					
	assee, Florida 32301						
Enclo	Enclosed is a check for the following amount:						
23 \$2	5 Filing Fee	□ \$55 Filing Fee & Certified Copy					

INH\$18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Urban Radio Licenses, LLC

1. Name of the limited liability company: Urban Radio	Licenses, LLC				
2. (a) Principal office address of limited liability com	прапу:				
(Note: MUST BE STREET ADDRESS)	134 S. Dixie Hwy., Suite 206 Hallandale Beach, FL 33009				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	134 S. Dixio Hwy., Suite 206 Hallandale Beach, FL 33009				
06/15/2000	M00000001179				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shows	on the records of the Florida Dept. of State:				
Registered Agent:	CorpDirect Agents, Inc.				
Registered Office Address:	515 E. Park Avenuc Tallahossee, Fl. 32301				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: C T Corporation System				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Plantation ,FL 33324				
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company.	the laws of the State of Florida, it is hereby he Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization				
Printed or typed name of signed I hereby accept the appointment as registered agent a comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability come CT Corporation System I MANA OF MANN! Signature of Registered Agent	and agree to act in this capacity. I further agree to be proper and complete performance of my duties, by position as registered agent as provided for in the merely reflect a change in the registered office apany has been notified in writing of this change. Barbara A. Burke Special Assistant Secretary				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00

INHS18 (05/08)

FL015 - 11/16/2010 C T System Colline

By:

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