
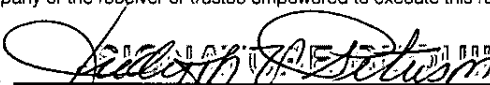


2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001485 1. Entity Name NORTH FLORIDA BROADCASTING COMPANY, LLC 01 JUL 16 AM 8:47				FILED 01 JUL 16 AM 8:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE	
Principal Place of Business 3000 OLSON ROAD TALLAHASSEE FL 32308-1575		Mailing Address 3000 OLSON ROAD TALLAHASSEE FL 32308-1575		4. FEI Number APPLIED FOR 99-3660109 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/>	
2. Principal Place of Business 3000 OLSEN RD		3. Mailing Address SAME			
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. SAME			
City & State TALLAHASSEE, FL		City & State SAME			
Zip 32308		Country USA		Zip SAME	
Country USA		Zip SAME		Country SAME	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENJAMIN, DAVID J III 2511 GARDEN ROAD, BLDG. A, SUITE 104 MONTEREY CA 93940-5376 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JUDYTH PETERSON 2511 GARDEN RD #104A MONTEREY, CA 93940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LINDAHL, JOHN E 222 SOUTH 9TH STREET MINNEAPOLIS MN 55402 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MONAGHAN, ARTHUR R 222 SOUTH 9TH STREET MINNEAPOLIS MN 55402 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500004488535-3 -07/20/01--01114--002 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COUCH, GEORGE W 104 LEE ROAD WATSONVILLE CA 25077 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLER, CLIFFORD A 4444 LAKESIDE DRIVE BURBANK CA 91505 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROYER, STEPHEN D 4444 LAKESIDE DRIVE BURBANK CA 91505 <input type="checkbox"/> Delete		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: 			7-2-01 881-655-6350		

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CR2E083 (5/01)

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