

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

0003368

DOCUMENT # M00000001485

1. Entity Name

NORTH FLORIDA BROADCASTING COMPANY, LLC



04-15-2003 90029 022 *****50.00

Principal Place of Business

**3000 OLSEN ROAD
TALLAHASSEE FL 32308**

Mailing Address

**3000 OLSEN ROAD
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3660109**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BENJAMIN, DAVID J III**
STREET ADDRESS **2511 GARDEN ROAD, BLDG. A, SUITE 104**
CITY-ST-ZIP **MONTEREY CA 93940-5376**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **LINDAHL, JOHN E**
STREET ADDRESS **3600 IDS CTR-80 SOUTH EIGHTH ST**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **MONAGHAN, ARTHUR R**
STREET ADDRESS **3600 IDS CTR-80 SOUTH EIGHTH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE **STEVE BURGE, MGR** ☐ Change ☒ Addition
NAME
STREET ADDRESS **333 SOUTH GRAND AVE, STE 1150**
CITY-ST-ZIP **LOS ANGELES, CA 90071**

TITLE **MGR** ☐ Delete
NAME **COUCH, GEORGE W**
STREET ADDRESS **104 LEE ROAD**
CITY-ST-ZIP **WATSONVILLE CA 25077**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **MILLER, CLIFFORD A**
STREET ADDRESS **4444 LAKESIDE DRIVE**
CITY-ST-ZIP **BURBANK CA 91505**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **ROYER, STEPHEN D**
STREET ADDRESS **4444 LAKESIDE DRIVE**
CITY-ST-ZIP **BURBANK CA 91505**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

4-1-03 831-655-6350

CR2E083 (10/02)