LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBŔ)**

DOCUMENT # M0000002095

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91004 008 ****50.00

Cox i	Radio-iviiami, LLC			y		
	DO NOT WRITE	IN THIS	SPACE	300630	32	
Principal Place of Business 6205 Peachtree Dunwoody Rd. 6205 Peachtree			ee Dunwoody Rd.			
		Suite, Apt. #, etc. Attn: Corp Tax	Dept 12th Flr	DO NOT WRITE IN THIS SPACE		
City & State Atlanta, GA		City & State Atlanta, GA		4. FEI Number 58-1620022	Applied For Not Applicable	
^{Zip} 30328	Country USA	^{Zip} 30328	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
*********	Committee of the commit		Name	7. Name and Address of Current Registere	ed Agent	
DO NOT WRITE IN THIS SPACE				Corporation Service Company		
			Street Addres	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
			1201 Hays			
		÷	City Tallah	assee FI	L Zip Code 32301	
	named entity submits this statement folions of registered agent.	r the purpose of changin	g its registered office or regis	tered agent, or both, in the State of Florida. I am		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable		DATE		
	·		FEE IS \$50.00 yable to Florida Departm DUE BY MAY 1	nent of State		
9.	MANAGING MEMBE	RS/MANAGERS	TITLE			
NAME STREET ADDRESS CITY-ST-ZIP	MGR - Robert Neil 6205 Peachtree Dunwoody Rd Atlanta GA 30328		NAME STREET ADDRESS CITY-ST-ZIP		nun-information de la Company	
NAME STREET ADDRESS CITY - ST-ZIP	6205 Peachtree Dunwoody Rd		NAME STREET ADDRESS CITY-SI-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP	MGR - Richard Jacobson 6205 Peachtree Dunwood Atlanta, GA 30328	, Rd	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRI	TE STATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		And the second s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			YITLE NAME STREET ADDRESS CITY-ST-ZIP	~*	Challe of the control	
11. I hereby of indicated	pertify that the information supplied with on this report is true and accurate and	this filing does not qualifithat my signature shall he	y for the exemption stated in Save the same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further ce made under oath; that I am a managing memb	ertify that the information per 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

Andrew A. Merdek

678-645-0000