

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M00000002700**

1. Entity Name

UNITED METRO MEDIA, LLC**FILED**
Jul 21, 2002 8:00 am
Secretary of State

07-21-2002 90014 012 ****50.00

0015833

Principal Place of Business Mailing Address
9000 WESSEX PLACE, STE. 202 9000 WESSEX PLACE, STE. 202
LOUISVILLE KY 40222 LOUISVILLE KY 40222



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**
61-1378362 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent****NOLAN, JIM**
5400 S. UNIVERSITY DRIVE, SUITE 210
FT. LAUDERDALE FL 33328**7. Name and Address of New Registered Agent**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 Department of State
Due By September 25, 2002**9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM JOB NEWS, INC. 9000 WESSEX PLACE, STE. 202 LOUISVILLE KY 40222	<input type="checkbox"/>		<input type="checkbox"/>
MGRM METRO MEDIA GROUP, LLC 9000 WESSEX PLACE, STE. 202 LOUISVILLE KY 40222	<input type="checkbox"/>		<input type="checkbox"/>
MGRM LONGVIEW MANAGEMENT, INC. 400 W. MARKET ST., STE. 2510 LOUISVILLE KY 40202	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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]* **SIGNATURE REQUIRED**

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

7-8-02 502-412-7502 x102

Date

Daytime Phone #

CR2E083 (4/02)