

MOI 0000002898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

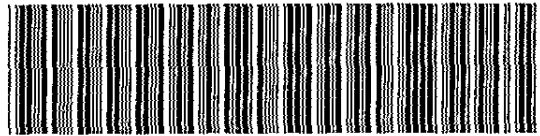
(Business Entity Name)

(Document Number)

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# Hubbard Broadcasting, Inc.

3415 UNIVERSITY AVENUE • SAINT PAUL, MINNESOTA 55114-2099

DAVID A. JONES  
General Counsel

TELEPHONE: 651-642-4333  
TELEFAX: 651-642-4302  
E-MAIL: djones@hbi.com

August 15, 2003

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: BOUND TO BE READ FLORIDA, LLC  
Fed ID No. 26-0005939  
Florida ID No. 901A00067382

Dear Sir or Madam:

In regarding to the above-referenced entity, I am enclosing herewith for filing an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida, along with a check in the amount of \$25.00 as payment of the filing fee.

Please feel free to contact me if you have any questions, or need further information. I can be reached at (651) 642-4336. Thank you for your assistance.

Very truly yours,

Kristin Shuldes  
Paralegal

/kds  
Enclosures

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

AUG 16 2003 9:59

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

BOUND TO BE READ FLORIDA, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

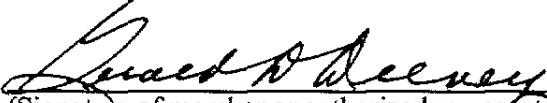
3415 University Avenue

(Mailing address)

St. Paul, MN 55114

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Gerald D. Deeney, Treasurer

(Typed or printed name of signee)

03 DEC 22 AM 9:51  
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DEPT. OF STATE  
TOLSON

Filing Fee: \$25.00