

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M02000000319

FILED
Jan 16, 2003
Secretary of State

Entity Name: AUCTION BROADCASTING COMPANY, LLC

Current Principal Place of Business:

1919 SOUTH POST ROAD
INDIANAPOLIS, IN 46239

New Principal Place of Business:

Current Mailing Address:

1919 SOUTH POST ROAD
INDIANAPOLIS, IN 46239

New Mailing Address:

FEI Number: 35-2086532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HOCKETT, D. MICHAEL
Address: 1919 S. POST ROAD
City-St-Zip: INDIANAPOLIS, IN

Title: MGRM () Delete
Name: MISKOTTEN, CARL
Address: 1919 S. POST ROAD
City-St-Zip: INDIANAPOLIS, IN

Title: MGRM () Delete
Name: KNOX, TRENT
Address: 1919 S. POST ROAD
City-St-Zip: INDIANAPOLIS, IN

Title: MGRM () Delete
Name: WECHTER, LARRY
Address: 111 MONUMENT CIRCLE STE 652
City-St-Zip: INDIANAPOLIS, IN

Title: MGRM () Delete
Name: WILLIAMS, JERRY
Address: 111 MONUMENT CIRCLE STE 652
City-St-Zip: INDIANAPOLIS, IN

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CARL MISKOTTEN

MGRM

01/16/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date