

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 23 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000273

1. Entity Name  
ORION MEDIA GROUP, L.L.C.

Principal Place of Business  
225 EAST ROBINSON STREET, SUITE 600  
ORLANDO FL 32801

Mailing Address  
225 EAST ROBINSON STREET, SUITE 600  
ORLANDO FL 32801

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 38-3239842  
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

WILLIS, DAVID C  
225 EAST ROBINSON STREET, SUITE 600  
ORLANDO FL 32801

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

100004135041--3  
-05/03/01--01149--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNGER, ARLENE F 7045 VALLEY BROOK WEST BLOOMFIELD MI 48322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Arleene F. Younger 4-11-01 248 851 4433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0006279 AF

CR2E083 (11/00)