

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

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90136 044 ****50.00

DOCUMENT # M98000000273

1. Entity Name

ORION MEDIA GROUP, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

225 E. Robinson Street

3. Mailing Address

225 E. Robinson Street

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

38-3239842

Applied For

Not Applicable

Zip

32801

Country

Orange

Zip

32801

Country

Orange

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

David C. Willis

Street Address (P.O. Box Number is Not Acceptable)

225 E. Robinson Street

Suite 600

City

Orlando

FL

Zip Code
32801

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNGER, ARLENE F. 7045 VALLEY BROOK WEST BLOOMFIELD, MI 48322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

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

04/22/02

Date

(407) 425-9044

Daytime Phone #

CR2E083B (12/01)