

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M98000000394

1. Entity Name

OMNIPONT MIAMI F LICENSE, LLC

FILED

00 SEP 18 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3 BETHESDA METRO CENTER, SUITE 400  
BETHESDA MD 20814

Mailing Address

3 BETHESDA METRO CENTER, SUITE 400  
BETHESDA MD 20814

2. Principal Place of Business

3650 131st Ave SE  
Suite, Apt. #, etc.  
200

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

Bellevue WA

City & State

4. FEI Number

52-2065643

Applied For

Not Applicable

Zip

98006

Country

KING

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SMITH, DOUGLAS G  
STREET ADDRESS 3 BETHESDA METRO CENTER, SUITE 400  
CITY-ST-ZIP BETHESDA MD 20814 ☒ Delete

TITLE MGR  
NAME PLONSKIER, HARRY  
STREET ADDRESS 3 BETHESDA METRO CENTER, SUITE 400  
CITY-ST-ZIP BETHESDA MD 20814 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE SOLE MEMBER:  
NAME OMNIPONT MB HOLDINGS, LLC  
STREET ADDRESS 3650 131st Ave SE #200 Bellevue WA 98006 ☐ Change ☐ Addition

TITLE  
NAME SEE ATTACHED FOR  
STREET ADDRESS OFFICERS LIST ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

LEE A. TOSTEVIN

8-11-00

425.653.5019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LRM

GRM

1. GRM

1.20M

GR

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LRM

LDM

-- L-RW

GPM

• LEW