

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000819

1. Entity Name

JAMES CRYSTAL BROADCASTING, L.L.C.

FILED

01 JUN 22 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

4401 SOUTH OCEAN BLVD., #7  
HIGHLAND BEACH FL 33487

Mailing Address

4401 SOUTH OCEAN BLVD., #7  
HIGHLAND BEACH FL 33487

2. Principal Place of Business

7 Ocean Place

3. Mailing Address

7 Ocean Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Highland Beach, FL

City & State

Highland Beach, FL

4. FEI Number

65-0843333

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILLIARD, JAMES

4401 SOUTH OCEAN BLVD., #7

HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name  
Hilliard, James

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

7 Ocean Place

City  
Highland Beach

FL

Zip Code  
33487

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

100004163681-1  
05/08/01-01148-001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HILLIARD, JAMES C  
4401 SOUTH OCEAN BLVD., #7  
HIGHLAND BEACH FL 33487 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Hilliard, James C.  
7 Ocean Place  
Highland Beach, FL 33487 ☐ 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

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:

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

Date

Daytime Phone #

CR2E083 (11/00)