

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90103 045 \*\*\*\*50.00

**DOCUMENT # M98000000819**

1. Entity Name

**JAMES CRYSTAL BROADCASTING, L.L.C.**



Principal Place of Business

**7 OCEAN PLACE  
HIGHLAND BEACH FL 33487**

Mailing Address

**7 OCEAN PLACE  
HIGHLAND BEACH FL 33487**

2. Principal Place of Business

**6600 N Andrews Ave**

3. Mailing Address

**← SAME**

Suite, Apt. #, etc.  
**Ste 160**

Suite, Apt. #, etc.

City & State  
**Ft Lauderdale FL**

City & State

Zip  
**33309**

Country  
**US**

Zip

Country

4. FEI Number **65-0843333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HILLIARD, JAMES  
7 OCEAN PLACE  
HIGHLAND BEACH FL 33487**

7. Name and Address of New Registered Agent

Name

**James W. Hilliard**

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

**6600 N Andrews Ave Ste 160**

City

**Ft Lauderdale**

FL

Zip Code  
**33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**James W. Hilliard 1/27/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HILLIARD, JAMES C  
7 OCEAN PLACE  
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  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
James W. Hilliard  
6600 N Andrews Avenue Ste 160  
Ft Lauderdale FL 33309** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
Ricahrd C. Hinds  
6600 N Andrews Ave Ste 160  
Ft Lauderdale FL 33309** ☐ 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:**

**Richard C. Hinds 1/27/03**

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

Date

Daytime Phone #

CR2E083 (10/02)