

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001484

1. Entity Name
WAITT BROADCASTING OF FLORIDA, L.L.C.

Principal Place of Business

13906 GOLD CIRCLE
OMAHA NB 68144

Mailing Address

13906 GOLD CIRCLE
OMAHA NB 68144-2359

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0816765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

900003245229--5
-05/09/00--01097--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME WAITT, NORMAN W JR.
STREET ADDRESS 13906 GOLD CIRCLE
CITY- ST- ZIP OMAHA NB 68144

TITLE MGR ☐ Delete
NAME SELINE, STEVE W
STREET ADDRESS 13906 GOLD CIRCLE
CITY- ST- ZIP OMAHA NB 68144

TITLE MGR ☐ Delete
NAME SCHUELE, JOHN S
STREET ADDRESS 13906 GOLD CIRCLE
CITY- ST- ZIP OMAHA NB 68144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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CITY- ST- ZIP

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

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 REQUIRED

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

Date

Daytime Phone #

4/27/00

402 330-2520

APPROVED
AND
FILED

00 APR 24 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MDM

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CR2E083 (9/99)