

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-20-2001 90069 042 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006664

1. Entity Name

BRUIN BROADCASTING COMPANY

Principal Place of Business

6108 26TH STREET WEST, SUITE 2
BRADENTON FL 34207

Mailing Address

6108 26TH STREET WEST, SUITE 2
BRADENTON FL 34207

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1046322

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

RAY, RICHARD B
6108 26TH STREET WEST, SUITE 2
BRADENTON FL 34207

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 \$61.25
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAY, RICHARD	
STREET ADDRESS	6108 26TH STREET WEST, SUITE 2	
CITY-ST-ZIP	BRADENTON FL 34207	

TITLE	VD	<input type="checkbox"/> Delete
NAME	LITTLE, MELTON	
STREET ADDRESS	6108 26TH STREET WEST, SUITE 2	
CITY-ST-ZIP	BRADENTON FL 34207	

TITLE	SD	<input type="checkbox"/> Delete
NAME	RAY, DANITA K	
STREET ADDRESS	6108 26TH STREET WEST, SUITE 2	
CITY-ST-ZIP	BRADENTON FL 34207	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)