

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000003858**

1. Entity Name
REDWOOD VALLEY BROADCASTERS INC.

FILED
Apr 28, 2001 08:00 AM
Secretary of State

Principal Place of Business
6910 N.W. 2ND TERRACE
BOCA RATON FL 33487

Mailing Address
6910 N.W. 2ND TERRACE
BOCA RATON FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip Country

Zip

Country

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

LACY WILLIAM R
6910 N.W. 2ND TERRACE

Name

BOCA RATON FL
33487 US

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 **WILLIAM R. LACY**

04/28/2001

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

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD Delete
NAME LACY LUCILLE A
STREET ADDRESS 6910 NW 2ND TERRACE
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D Change Addition
NAME LACY LUCILLE A
STREET ADDRESS 6910 NW 2ND TERRACE
CITY-ST-ZIP BOCA RATON FL 33487

TITLE VPD Delete
NAME LACY DAN III
STREET ADDRESS 2110 GOLDCAMP RD.
CITY-ST-ZIP COLORADO SPRINGS CO 80906

TITLE D Change Addition
NAME LACY DAN III
STREET ADDRESS 2110 GOLDCAMP RD.
CITY-ST-ZIP COLORADO SPRINGS CO 80906

TITLE PD Delete
NAME LACY WILLIAM R
STREET ADDRESS 6910 NW 2ND TERRACE
CITY-ST-ZIP BOCA RATON FL 33487

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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.

CR2E037 (11/00)

SIGNATURE: **WILLIAM R LACY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD 04/28/2001

Date

Daytime Phone #