

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000003858****1. Entity Name**
REDWOOD VALLEY BROADCASTERS INC.

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

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 ☐ 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**LACY WILLIAM R
6910 N.W. 2ND TERRACE

BOCA RATON FL 33487 US

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 WILLIAM R. LACY****04/28/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing** **\$5.00 May Be**
Trust Fund Contribution. ☐ 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 <input type="checkbox"/> Delete
NAME	LACY LUCILLE A
STREET ADDRESS	6910 NW 2ND TERRACE
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	VPD <input type="checkbox"/> Delete
NAME	LACY DAN III
STREET ADDRESS	2110 GOLDCAMP RD.
CITY-ST-ZIP	COLORADO SPRINGS CO 80906
TITLE	PD <input type="checkbox"/> Delete
NAME	LACY WILLIAM R
STREET ADDRESS	6910 NW 2ND TERRACE
CITY-ST-ZIP	BOCA RATON FL 33487
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	

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY LUCILLE A
STREET ADDRESS	6910 NW 2ND TERRACE
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY DAN III
STREET ADDRESS	2110 GOLDCAMP RD.
CITY-ST-ZIP	COLORADO SPRINGS CO 80906
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	
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)(f), 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: WILLIAM R. LACY**

PD

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)