

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N98000004540****1. Entity Name**  
ROCHESTER COMMUNITY RADIO INC.**Principal Place of Business**  
6910 N.W. 2ND TERRACE  
BOCA RATON FL 33487**Mailing Address**  
6910 N.W. 2ND TERRACE  
BOCA RATON FL 33487**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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 33487Name  
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 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	DV	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACY DAN III			NAME	LACY DAN III		
STREET ADDRESS	2110 GOLDCAMP RD.			STREET ADDRESS	2110 GOLDCAMP RD.		
CITY-ST-ZIP	COLORADO SPRINGS CO 80906			CITY-ST-ZIP	COLORADO SPRINGS CO 80906		
TITLE	DS	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACY LUCILLE A			NAME	LACY LUCILLE A		
STREET ADDRESS	6910 N.W. 2ND TERRACE			STREET ADDRESS	6910 N.W. 2ND TERRACE		
CITY-ST-ZIP	BOCA RATON FL 33487			CITY-ST-ZIP	BOCA RATON FL 33487		
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACY WILLIAM R			NAME			
STREET ADDRESS	6910 N.W. 2ND TERRACE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)