

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91465 019 ***158.75

DOCUMENT # P01000011050

1. Entity Name
RICHLAND BROADCAST HOLDINGS, INC.



Principal Place of Business
**4890 W KENNEDY BLVD. STE 850
TAMPA FL 33609**

Mailing Address
**4890 W KENNEDY BLVD. STE 850
TAMPA FL 33609**



2. Principal Place of Business

**4890 West Kennedy Blvd.
Suite 920**

Tampa, FL 33609-1863

3. Mailing Address

**4890 West Kennedy Blvd.
Suite 920**

Tampa, FL 33609-1863

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3700407

Applied For
Not Applicable

Zip
USA

Country

Zip

Country
USA

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

**F&L CORP.
200 LAURA STREET NORTH, 3RD FLOOR
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRAY, JACK H
4890 W KENNEDY BLVD, STE 850
TAMPA FL 33609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AD
John H. Bray
4890 W. Kennedy Blvd., Ste. 920
Tampa, FL 33609-1863** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD VT
Dale A. West
4890 W. Kennedy Blvd., Ste. 920
Tampa, FL 33609-1863** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President/Secretary
Matthew J. Bray
4890 W. Kennedy Blvd, Ste. 920
Tampa, FL 33609-1863** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
James N. Lamar
4890 W. Kennedy Blvd., Ste. 920
Tampa, FL 33609-1863** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VZ
J. Curt Wilkinson
4890 W. Kennedy Blvd., Ste. 920
Tampa, FL 33609-1863** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant VP/Assistant Secretary
Dawn M. Lemons
4890 W. Kennedy Blvd., Ste. 920
Tampa, FL 33609-1863** ☐ Change ☒ Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 (813) 286-4140
Date Daytime Phone #

CR2E034 (10/02)