

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90134 013 ***150.00

DOCUMENT # P04610

1. Entity Name

CRAIN BROADCASTING, INC.

Principal Place of Business

**30336 OVERSEAS HIGHWAY
BIG PINE KEY FL 33043-352
US**

Mailing Address

**1400 WOODBRIDGE
DETROIT MI 48207**

2. Principal Place of Business

3. Mailing Address

1155 Gratiot Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
Detroit, MI 48207-2913**

4. FEI Number

36-3342280

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

SOOS, ROBERT**30336 OVERSEAS HIGHWAY
BIG PINE KEY FL 33043-3352**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	CRAIN, KEITH E.	
STREET ADDRESS	1400 WOODBRIDGE AVE	
CITY-ST-ZIP	DETROIT MI 48207	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1155 Gratiot Ave.	
CITY-ST-ZIP	DETROIT, MI 48207-2997	

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRAIN, RANCE E.	
STREET ADDRESS	711 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	MORROW, WILLIAM A	
STREET ADDRESS	1400 WOODBRIDGE AVE	
CITY-ST-ZIP	DETROIT MI 48207	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1155 Gratiot Ave.	
CITY-ST-ZIP	DETROIT, MI 48207-2997	

TITLE	DS	<input type="checkbox"/> Delete
NAME	CRAIN, MERRILEE P.	
STREET ADDRESS	711 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	CRAIN, MARY KAY	
STREET ADDRESS	1400 WOODBRIDGE AVE	
CITY-ST-ZIP	DETROIT MI 48207	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1155 Gratiot Ave.	
CITY-ST-ZIP	DETROIT, MI 48207-2997	

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Morrow Executive V.P./
Operations

2/5 /02

313/446-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)