2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14133

METRO BROADCASTING CORPORATION

	•
Principal Place of Business	Mailing Address
800 NE 39TH ST P O BOX 1796 BOCA RATON FL 33432 US	PO BOX 1796 BOCA RATON FL 33432 US
2. Principal Place of Business	3. Mailing Address

FILED Apr 24, 2001 8:00 am Secretary of State 04-24-2001 90055 008 ***150.00

Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	O BOX 1796 BOCA RATON F JS	FL 33432		BOCA RATON FL 334 US	32 .			<u>-</u> 1818 kili Berri sebsa 1918 kibik	- 11 819 11 810 11 61011 8	18 8 0 80 8 0 18 8 0	
City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired See Required T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. Treet Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. Treet Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. Treet Address (P.O. Box Number is Not Acceptable) Signature Type or prese name of registered agent, or both, in the State of Florida. SIGNATURE Signature Type or prese name of registered agent and cite if applicable Affile: Now III FEE IS TS 50000 S. Treet Concretion Is eligible to State in the International Agent Agent Agent Agent and Cite if applicable Affile: Now III FEE IS TS 50000 S. See critical or Deach Agent Agent Agent agent and Cite if applicable Affile: Now III FEE IS TS 50000 Affile: State Country Country International Agent A	2. Principal Place of Business 3. Mailing Address										
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Security	City & State	City & State City & State 4. FEI Number 31						31-1128671	\rightarrow	Applied For Not Applicable	
FOLDEN, GENE A. 800 NE 39 ST BOCA RATON FL 33431 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, bysed or private have or insignated agent and title it applicable. Popularia spiriture in an elegible in Salash it is intemplated. After MAY 1:2001, Feetwill IPS 3550.00 (a) After MAY 1:2001, Feetwill IPS 355	Zip	Zip Country Zip Country				try	5 Cortificate of Status Decired \$8.75 Additional				
FOLDEN, GENE A. 800 NE 39 ST BOCA RATON FL 33431 City FL Zip Code		6. Name	and Address of Curre	nt Registered Agent			7. Name and Ad	idress of New Register	red Agent		
80 NE 39 ST BOCA RATON FL 33431 City FL Zip Code 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 prinsed name of regissared agent and 566 if approach in the State of Florida in the State of Florida in the State of Florida. 9. This comportation is eligible to Salety its Intenglible in Salety its Inten	EOL	SEN CENE	Λ			Name	,	, 			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hyped or present name of registered agent and tilled a applicable. (NOTE Registered Agent signature required when reinstating) DATE	800 (NE 39 ST				Street Address	(P,O. Box Number i	s Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or prired name of registered agent and 100 if applicable. (NOTE Registered Agent signature required when remetaling) Particle (Figure 1) Signature, typed or prired name of registered agent and 100 if applicable. (NOTE Registered Agent signature required when remetaling) After MAY 15/2001, Fee;will be \$550.001 After MAY	BOC	A HAION FI	33431			0			— 7:- 0-		
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TITLE NAME 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 informatindicated 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 dire	NAME Street address City-St-Zip	sertify that the	information supplied w		NAMI STRE CITY	E Et address -St-Zip	Section 119 07/31/0	Forida Statutos I furbo			

of the corporation or the receiver or truste 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 like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: