2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # P93000031857 Apr 19, 2000 8:00 am Secretary of State FLORIDA RADIO REALTY, INC. 04-19-2000 90103 020 ***158.75 Principal Place of Business Mailing Address 2700 DAVIE ROAD C/O IVAN A GOMEZ 601 BRICKELL KEY DR. SUITE 507 DAVIE FL 33314 CCACCUUJ MIAMI FL 33131-2652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0418820 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IAG CORPORATE SERVICS, INC. GOMEZ, IVAN A P.A. Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR 601 BRICKELL KEY DRIVE STE 507 SUITE 507 MIAMI FL 33131 ^{Cit}MTAMT 33131 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. IAG CORPORATE SERVICES, INC. SIGNATURE PR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) X Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change Delete TITLE NAME NAME PEDERSEN, DAVID A STREET ADDRESS STREET ADDRESS 2700 DAVIE RD CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Addition □ Change ☐ Delete TITLE TITLE PUDSEY, RICHARD F NAME NAME STREET ADDRESS STREET ADDRESS 2700 DAVIE RD CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 11,2000

Daytime Phone #