## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 16, 2001 8:00 am DOCUMENT # P93000031857 **Secretary of State** 1. Entity Name FLORIDA RADIO REALTY, INC. 02-16-2001 90020 015 \*\*\*158.75 Mailing Address Principal Place of Business C/O IVAN A GOMEZ 2700 DAVIE ROAD DAVIE FL 33314 601 BRICKELL KEY DR. SUITE 507 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0418820 Not Applicable \$8.75 Additional Country Zip Country 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 SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR **STE 507 MIAMI FL 33131** 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. DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME PEDERSEN, DAVID A NAME STREET ADDRESS STREET ADDRESS 2700 DAVIE RD CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME PUDSEY, RICHARD F STREET ADDRESS STREET ADDRESS 2700 DAVIE RD CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 Addition Change Delete TITLE TITLE NAME 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 CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete TITLE NAME 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 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: