

AMENDED.
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 23 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088103

1. Entity Name

Black Crow Broadcasting, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

126 W. International Speedway

3. Mailing Address

126 W. International Speedway Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach FL

City & State

Daytona Beach FL

4. FEI Number

65-0548653

Applied For

Not Applicable

Zip

32114

Country

US

Zip

32114

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Palmetto Charter Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

150 Magnolia Avenue

City Daytona Beach FL

Zip Code

32114

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE DPT
NAME LINN, MIKE
STREET ADDRESS 657 Ocean Shore
CITY-ST-ZIP Ormond Beach FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100006878961-8
-08/02/02--01057--002
*****61.25 *****61.25

TITLE DVS
NAME LINN, NICOLE
STREET ADDRESS 657 Ocean Shore
CITY-ST-ZIP Ormond Beach FL

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/02 (386) 255-9300

Date

Daytime Phone #

CR2E034B (12/01)