

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014020

1. Entity Name

PALM BEACH RADIO BROADCASTING, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90079 042 ***150.00

Principal Place of Business

Mailing Address

701 NORTHPOINT PKWY
 SUITE 501
 WEST PALM BEACH FL 33407
 US

701 NORTHPOINT PKWY
 SUITE 501
 WEST PALM BEACH FL 33407-1960
 US

2. Principal Place of Business

3. Mailing Address

900 Northpoint Pkwy
 Suite, Apt. #, etc.
 Suite 400

901 Northpoint Pkwy
 Suite, Apt. #, etc.
 Suite 400

City & State
 West Palm Beach, FL

City & State
 West Palm Beach, FL

Zip Country
 33407 Palm Beach

Zip Country
 33407 Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0591358** 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

UNITED CORPORATE SERVICES INC.
 9200 SOUTH DADELAND BLVD.
 SUITE 508
 MIAMI FL 33156

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, 2000 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 DP
 NAME CALLAHAN, PETER
 STREET ADDRESS 600 SO. EAST COAST AVENUE
 CITY-ST-ZIP LANTANA FL ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME 901 Northpoint Pkwy Suite 400
 STREET ADDRESS West Palm Beach, FL 33407
 CITY-ST-ZIP

TITLE D
 NAME BOYLAN, MICHAEL
 STREET ADDRESS 600 SO. EAST COAST AVENUE
 CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME 901 Northpoint Pkwy Suite 400
 STREET ADDRESS West Palm Beach, FL 33407
 CITY-ST-ZIP

TITLE VS
 NAME RABINOWITZ, MAYNARD
 STREET ADDRESS 600 SO. EAST COAST AVENUE
 CITY-ST-ZIP LANTANA FL ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME 901 Northpoint Pkwy Suite 400
 STREET ADDRESS West Palm Beach, FL 33407
 CITY-ST-ZIP

TITLE VP
 NAME LARSCHAN, PATRICIA
 STREET ADDRESS 701 NORTHPOINTE PKWY
 CITY-ST-ZIP WEST PALM BCH FL ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME 901 Northpoint Pkwy Suite 400
 STREET ADDRESS West Palm Beach, FL 33407
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *PATRICIA A. LARSCHAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)