

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90152 042 ***158.75

DOCUMENT # P95000027580

1. Entity Name

ZGS BROADCASTING OF ORLANDO, INC.

Principal Place of Business

**2700 W MARTIN LUTHER KING BLVD
 SUITE 400
 TAMPA FL 33607**

Mailing Address

**2000 N 14TH STREET
 SUITE 400
 ARLINGTON WA 22201**

2. Principal Place of Business

1650 SANDLAKE ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 340

City & State
ORLANDO, FL 32809

City & State

4. FEI Number

59-3308638

Applied For

Not Applicable

Zip
32809

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GORDON, RONALD
 2700 W MARTIN LUTHER KING BLVD
 SUITE 400
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

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

1650 SANDLAKE ROAD

SUITE 340

City

ORLANDO

FL

Zip Code
32809

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, 2002 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

TITLE **D** ☐ Delete
 NAME **GORDON, RONALD**
 STREET ADDRESS **2000 N 14TH ST SUITE 400**
 CITY-ST-ZIP **ARLINGTON VA 22201**

TITLE **D** ☐ Delete
 NAME **ZAVALA, EDUARDO**
 STREET ADDRESS **2000 N 14TH ST SUITE 400**
 CITY-ST-ZIP **ARLINGTON VA 22201**

TITLE **D** ☒ Delete
 NAME **JORGENSEN, MARK**
 STREET ADDRESS **2700 W MARTIN LUTHER KING BLVD**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED President

01/31/02

703-528-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)