

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90038 032 ***150.00

DOCUMENT # P95000090080

1. Entity Name

RADIOLAND, INC.

Principal Place of Business

Mailing Address

**1844 NORTH NOB HILL ROAD
SUITE 304
PLANTATION FL 33322****1844 NORTH NOB HILL ROAD
SUITE 304
PLANTATION FL 33322**

2. Principal Place of Business

1844 N. NOB HILL RDSuite, Apt. # **304**

3. Mailing Address

1844 N. NOB HILL RDSuite, Apt. # **304**

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number

65-0622005

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

CANTOR, SAMUEL J**6700 BROKEN SOUND PKWY NW****STE 200****BOCA RATON FL 33487**

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, 2001 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 | P D | <input type="checkbox"/> Delete |
| NAME | FELDMAN, SUSAN L | |
| STREET ADDRESS | 841 N.W. 116 TERRACE | |
| CITY-ST-ZIP | PLANTATION FL 33325 | |

| | | |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FELDMAN, SUSAN L. | |
| STREET ADDRESS | 841 N.W. 116th TERRACE | |
| CITY-ST-ZIP | PLANTATION, FL 33325 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|------------------------------------|------------------------------------------------------------------------------|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BENJAMIN JACOBY | |
| STREET ADDRESS | 6700 BROKEN SOUND PKY. #200 | |
| CITY-ST-ZIP | BOCA RATON, FL 33487 | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |

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| CITY-ST-ZIP | | |

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| 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:

Susan L. Feldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/01 9843707069

CR2E034 (10/00)