

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068544

1. Entity Name

STYLES BROADCASTING OF ALABAMA, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90042 009 \*\*\*150.00

Principal Place of Business

Mailing Address

7106 LAIRD ST.  
STE 102  
PANAMA CITY BEACH FL 32408

7106 LAIRD ST.  
STE 102  
PANAMA CITY BEACH FL 32408-7622

2. Principal Place of Business

3. Mailing Address

2605 THOMAS DR.

2605 THOMAS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 215

STE. 215

City & State

City & State

PANAMA CITY BEACH, FL

PANAMA CITY BEACH, FL

Zip

Country

Zip

Country

32408

USA

32408

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3406977

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

STYLES, KIM  
7106 LAIRD ST.  
STE 102  
PANAMA CITY FL 32408

Name

STYLES, KIM

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

2605 THOMAS DR.

STE. 215

City PANAMA CITY BEACH

FL

Zip Code

32408

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

4/5/00

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 PD  
NAME STYLES, KIM  
STREET ADDRESS 7106 LAIRD ST. STE 102  
CITY-ST-ZIP PANAMA CITY FL 32408

TITLE PD  
NAME STYLES, KIM  
STREET ADDRESS 2605 THOMAS DR. STE. 215  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00

850 234 8388

CR2E034 (9/99)