

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000025272**

1. Entity Name

D P MEDIA LICENSE OF BOSTON, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90081 018 ***150.00

0339736

Principal Place of Business 400 NORTH ASHLEY DRIVE SUITE 2300 TAMPA FL 33602	Mailing Address 400 NORTH ASHLEY DRIVE SUITE 2300 TAMPA FL 33602
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2. Principal Place of Business 601 Clearwater Park Road	3. Mailing Address 601 Clearwater Park Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State West Palm Beach, Florida	City & State West Palm Beach, Florida
Zip 33401-6233	Zip 33401-6233
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0822057	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131-3209	7. Name and Address of New Registered Agent Name William L. Watson Street Address (P.O. Box Number is Not Acceptable) 601 Clearwater Park Road City West Palm Beach FL Zip Code 33401-6233
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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 State10. 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																								
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Watson 4/18/01

Date

Daytime Phone #

CR2E034 (10/00)