

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061056

1. Entity Name

STYLES BROADCASTING OF LOUISIANA, INC.

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

04-17-2000 90042 008 ***150.00

Principal Place of Business 3067 E CAUSEWAY MANDEVILLE LA 70471 US	Mailing Address 7106 LAIRD ST SUITE 102 PANAMA CITY BEACH FL 32408-7622 US
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00001333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 2605 THOMAS DR STE. 215 City & State PANAMA CITY BEACH, FL Zip 32408 Country US
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4. FEI Number 59-3528070	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 STYLES, KIM 7106 LAIRD STREET SUITE 102 PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent 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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STYLES, KIM 7106 LAIRD ST, STE 102 PANAMA CITY BEACH FL 32408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STYLES, KIM 2605 THOMAS DR. STE. 215 PANAMA CITY BEACH, FL 32408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

4/5/00 8502348388

CR2E034 (9/99)