

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061056

1. Entity Name

STYLES BROADCASTING OF LOUISIANA, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91297 017 ***150.00

Principal Place of Business

3067 E CAUSEWAY
MANDEVILLE LA 70471
US

Mailing Address

2605 THOMAS DR.
SUITE 215
PANAMA CITY BEACH FL 32408
US

2. Principal Place of Business

3500 N. Causeway Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 1532

City & State
Metairie, LA

City & State

Zip
70002

Country
USA

Zip

Country

4. FEI Number 59-3528070

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
2605 THOMAS DR.
SUITE 215
PANAMA CITY BEACH FL 32408

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 NAME STREET ADDRESS CITY-ST-ZIP	D STYLES, KIM 2605 THOMAS DR. SUITE 215 PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 #

5-01-01

234-8388

CR2E034 (10/00)