

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90420 021 ***150.00

DOCUMENT # P98000061056

1. Entity Name

STYLES BROADCASTING OF LOUISIANA, INC.

Principal Place of Business

**3500 N. CAUSEWAY BLVD
 MANDEVILLE LA 70471
 US**

Mailing Address

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

2. Principal Place of Business

1800 weakfish way
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 28358
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama city beach, FL

City & State

Panama City Beach, FL

4. FEI Number

59-3528070

Applied For

Not Applicable

Zip

32408

Country

US

Zip

32411

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STYLES, KIM
 2605 THOMAS DR.
 SUITE 215
 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)
1800 weakfish way
 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, 2002 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 **D** ☐ Delete
 NAME **STYLES, KIM**
 STREET ADDRESS **2605 THOMAS DR. SUITE 215**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **STYLES, KIM**
 STREET ADDRESS **1800 weakfish way**
 CITY-ST-ZIP **Panama City Beach, FL 32408**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-02

CR2E034 (9/01)