2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900032690 Jul 21, 2000 8:00 am Secretary of State QUORUM BROADCASTING OF ROCKFORD, INC. 07-21-2000 90059 047 ***550.00 Mailing Address Principal Place of Business 18 NEWBURY STREET 18 NEWBURY STREET BOSTON MA 02116 **BOSTON MA 02116** 3. Mailing Address 2. Principal Place of Business . Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-296 5683 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRESIDENT J. DWIEL SULLIVAN Change Addition ☐ Delete TITLE TITLE NAME NAME 18 Newbury ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BUSTON MA OZIIG Addition ☐ Delete TITLE VICE PRESIDENT Change TIT! F NAME PATRIE BRATTON NAME STREET ADDRESS STREET ADDRESS 18 New bury ST. CITY-ST-ZIP CITY-ST-ZIP BOSTON, MA OZIIG Scere 10mg Davio Pulipo Addition Addition TITLE ☐ Delete TITLE NAME NAME 18 Newbury ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOSTON, MA OZIIG CITY-ST-7IP ☐ Change Addition ☐ Celete TITLE yce YvoiwfF NAME NAME STREET ADDRESS 18 Newbury St. STREET ADDRESS CITY-ST-ZIP BOSTON MA OZIIG CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 807, 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: