FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered."

SIGNATURE:

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # S95370 1. Entity Name 02-21-2002 90004 038 ***150.00 RAINBOW BROADCASTING CO., INC. Principal Place of Business Mailing Address 6405 EDGEWORTH DRIVE 6405 EDGEWORTH DRIVE ORLANDO FL 32819 ORLANDO FL 32819 US 3. Mailing Addres 2. Principal Place of Business 1000 BRICKEI Suite, Apt. #, DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0300952 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERRONE, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE **MIAMI FL 33131** Zip Code City 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:\$150.00-'9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. ☐ Delete TITLE TITLE NAME NAME REY, JOSEPH I GROVE ISLE DRIVE, # 1208 STREET ADDRESS STREET ADDRESS **6006 SHORELINE DRIVE** CITY-ST-ZIP CITY-ST-ZIP <u>MIANI, FL. 33133</u> ORLANDO FL. Change Addition Delete TITLE TITLE NAME NAME JARAMILLO, LETICIA STREET ADDRESS STREET ADDRESS 6405 EDGEWORTH DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition ☐ Change ☐ Delete ŤITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY.-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE NÁME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if