

2001 UNIFORM BUSINESS REPORT (UBR)

000158 AF

DOCUMENT # L00000006647
 1. Entity Name
FIBER MEDIA, LLC

FILED

2001 APR 27 PM 1:19

**DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA**



Principal Place of Business
**221 WEST SAN MARINO DRIVE
 MIAMI BEACH FL 33139**

Mailing Address
**221 WEST SAN MARINO DRIVE
 MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2410 HOLLYWOOD BLVD

3. Mailing Address
2410 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FLORIDA

City & State
HOLLYWOOD, FLORIDA

4. FEI Number
65-1019451

Applied For
 Not Applicable

Zip
33020

Country
US

Zip
33020

Country
US

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DEVINE GOODMAN & WELLS, P.A.
 777 BRICKELL AVENUE, SUITE 980
 MIAMI FL 33131**

7. Name and Address of New Registered Agent
 Name
ROARK, MICHAEL K.
 Street Address (P.O. Box Number is Not Acceptable)
221 WEST SAN MARINO DRIVE
 City **MIAMI BEACH** **FL** Zip Code **33139**

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  **Michael Roark President** **4-27-01**
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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-05/15/01--01141--003
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete MICHAEL K. ROARK 2410 HOLLYWOOD BLVD. HOLLYWOOD, FLORIDA 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input type="checkbox"/> Delete JESUS ZAMORA 2410 HOLLYWOOD BLVD. HOLLYWOOD, FLORIDA 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input type="checkbox"/> Delete ENRIQUE MOLINA 2410 HOLLYWOOD BLVD. HOLLYWOOD, FLORIDA 33020
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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Michael Roark** **4-27-01** **305-379-7379**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)