2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State
03-18-2002 90184 028 ****55.00

0038256

DOCUMENT # L94000000017

1. Entity Name
SUSAN BENNETT MARKETING AND MEDIA, L.C.

Principal Place of Business	Mailing Address
~~1900 VIRGINIA AVE.~~ ~~APT. 703~~ FT MYERS FL 33901	~~1900 VIRGINIA AVE.~~ ~~APT. 703~~ FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3949 Evans Avenue		3949 Evans Avenue	
Suite, Apt. #, etc.: #402		Suite, Apt. #, etc.: Suite 402	
City & State: Fort Myers Fl		City & State: Fort Myers Fl	
Zip: 33901	Country: USA	Zip: 33901	Country: USA

4. FEI Number 65-0418362 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENNETT, SUSAN ~~1920~~ VIRGINIA AVENUE ~~#1303~~ FORT MYERS FL 33901	Name: Street Address (P.O. Box Number is Not Acceptable): 1900 Virginia Avenue #703 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 Susan Bennett SUSAN BENNETT MARKETING & MEDIA, L.C. 2/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENNETT, SUSAN 1900 VIRGINIA AVE., #703 FORT MYERS FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENNETT, PHILIP C 1900 VIRGINIA AVE., #703 FORT MYERS FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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: SIGNATURE REQUIRED Bennett 2/14/02 941-277-3950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #