

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90094 022 \*\*\*\*50.00

0047361

**DOCUMENT # L95000000180**

1. Entity Name  
**FLORIDA'S NEWS CHANNEL L.C.**



Principal Place of Business  
**1801 HALSTEAD BLVD  
TALLAHASSEE FL 32308**

Mailing Address  
**1801 HALSTEAD BLVD  
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3299167**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PHIPPS VENTURES, INC.  
3110 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32308**

Name **Robert Brillante**

Street Address (P.O. Box Number is Not Acceptable)  
**3992 Bobbin Brooke**

City **Tallahassee** **FL** Zip Code **32312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS  Delete

10. ADDITIONS/CHANGES  Change  Addition

TITLE **MGR**  
NAME **PHIPPS VENTURES, INC.**  
STREET ADDRESS **3110 CAPITAL CIRCLE NE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **BRILLANTE, ROBERT**  
STREET ADDRESS **1801 HALSTEAD BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE  Change  Addition  
NAME **Managing Partner**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **Jim Rudnick**  
STREET ADDRESS **PO Box 13633**  
CITY-ST-ZIP **Tallahassee, FL 32317**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/30/03**

Date

**850-222-6397**

Daytime Phone #

CR2E083 (10/02)