

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000200
 1. Entity Name
 Intelligent Media Ventures, LLC

FILED *W 6/12*
 01 MAY 18 AM 11:45
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
 1155 Peachtree St. 1155 Peachtree St.
 Suite 1800 Suite 1800
 Atlanta, GA 30309-3610 Atlanta, GA 30309-3610

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 58-2511386 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 The Prentice Hall Corporation System, Inc.
 1201 Hays Street
 Suite 105
 Tallahassee, FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MEMBERS

TITLE	M & P	<input type="checkbox"/> Delete
NAME	Gary L. Prophitt	
STREET ADDRESS	1700 Chantilly Drive	
CITY-ST-ZIP	Atlanta, GA 30324	
TITLE	S	<input type="checkbox"/> Delete
NAME	Randall J. Cadenhead	
STREET ADDRESS	59 Executive Park Drive South	
CITY-ST-ZIP	Atlanta, GA 30329	
TITLE	T	<input type="checkbox"/> Delete
NAME	Mark E. Droege	
STREET ADDRESS	1100 Peachtree Street	
CITY-ST-ZIP	Atlanta, GA 30309-4599	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Joyce Clower Irvine	
STREET ADDRESS	1155 Peachtree Street	
CITY-ST-ZIP	Atlanta, GA 30309-3610	
TITLE	M	<input type="checkbox"/> Delete
NAME	Donald J. Perozzi	
STREET ADDRESS	59 Executive Park Drive South	
CITY-ST-ZIP	Atlanta, GA 30329	
TITLE	M	<input type="checkbox"/> Delete
NAME	Michael L. Wolf	
STREET ADDRESS	59 Executive Park Drive South	
CITY-ST-ZIP	Atlanta, GA 30329	

10. ADDITIONS/CHANGES

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

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 -05/14/01-01018-029
 *****50.00 *****50.00

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: *Joyce Clower Irvine* Joyce Clower Irvine 05/15/01 404/249-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)