2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-29-2003 90046 025 ****50.00

DOCUMENT # M02000002498

1. Entity Name
HAMILTON COMMUNICATION, LLC

Principal Place of Business	Mailing Address
9 E LOOCKERMAN STREET. SUITE 205 DOVER DE 19901	9 E LOOCKERMAN STREET. SUITE 205 DOVER DE 19901

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
~~1371 N TIMUCUAN TR~~	1371 N TIMUCUAN TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~INVERNESS FL~~	City & State: INVERNESS FL
Zip: ~~34453~~ Country: ~~CITRUS~~	Zip: 34453 Country: CITRUS

4. FEI Number 01-0743861 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAMILTON, ANGELA
1371 N. TIMUCUAN TRAIL
INVERNESS FL 34453

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

SIGNATURE ______________________________
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HAMILTON, ANGELA 9 E LOOCKERMAN STREET, SUITE 205 DOVER DE 19901 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1371 N TIMUCUAN TRAIL INVERNESS, FL 34453
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HAMILTON, ROGER 9 E LOOCKERMAN STREET, SUITE 205 DOVER DE 19901 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1371 N TIMUCUAN TRAIL INVERNESS, FL 34453
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CR2E083 (10/02)

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 1/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #