FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90020 032 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000428

1. Entity Name
KENNEDY COMMUNICATIONS, L.L.C.

Principal Place of Business	Mailing Address
~~1501 COMMERCE BOULEVARD~~ LAKE CITY, FL 32025	~~1501 COMMERCE BOULEVARD~~ LAKE CITY, FL 32025

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
426 SW Commerce Drive		426 SW Commerce Dr.	
Suite, Apt. #, etc.: Suite 145		Suite, Apt. #, etc.: Suite 145	
City & State: Lake City, Florida		City & State: Lake City, Florida	
Zip: 32025	Country:	Zip: 32025	Country:

4. FEI Number: 59-3412290 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEDY, J. SCOTT
~~1501 COMMERCE BLVD~~ 426 SW Commerce Dr., Suite 145
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

Name: James V. Walker, Esq.
Street Address (P.O. Box Number Is Not Acceptable): 228 Ponte Vedra Park Boulevard,,
Suite 200
City: Ponte Vedra Beach FL Zip Code: 32082

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: James Walker
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	MGR KENNEDY, ~~SCOTT J~~ J. Scott ~~1501 CIMMERCE BLVD~~. 426 SW Commerce Dr. Suite 145 LAKE CITY, FL 32025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] 4/1/03 386-752-9765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)