2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # L00000000428

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

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

Mailing Address
~~1501 COMMERCE BOULEVARD~~
LAKE CITY, FL 32025

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

3. Mailing Address: 426 SW Commerce Dr.
Suite, Apt. #, etc.: Suite 145
City & State: Lake City, Florida
Zip: 32025 Country:

☒ CHECK HERE IF MAKING CHANGES

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 W 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	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KENNEDY, ~~SCOTT J~~ J. Scott	NAME	
STREET ADDRESS	~~1501 CIMMERCE BLVD~~. 426 SW Commerce Dr.	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32025 Suite 145	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 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)