FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 20, 2002 8:00 am DOCUMENT # L0000001842 **Secretary of State** 1. Entity Name 03-20-2002 90008 025 ****50.00 JLJ COMMUNICATIONS, LLC Principal Place of Business Mailing Address P.O. BOX 120697 614 GRAND HWY. CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State applied for 59 - 371Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name Julia L. Johnson Johnson, Julia L Street Address (P.O. Box Number is Not Acceptable) 9012 SUMMITT CENTRE WAY, #102 5169 Latrobe Drive ORLANDO FL 32810 Zip Code Windemere 34786 its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named ep#i anager im SIGNATURE ame of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 10. 9. MANAGING MEMBERS/MANAGERS K Change ☐ Addition TITLE MGR Delete TITLE MGR NAME Johnson, Julia L NAME Johnson, Julia L. STREET ADDRESS STREET ADDRESS 9012 SUMMIT CENTRE WAY, #102 5169 Latrobe Drive CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32301 Windemere, FL 34786 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change ☐ Addition TITI F TITLE Delete = __ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 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.

Tulia L. Johnson

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE ATLANTA GA 39901

DATE OF THIS NOTICE: 05-22-2001 NUMBER OF THIS NOTICE: CP 575 E EMPLOYER IDENTIFICATION NUMBER: 59-3718437 FORM: SS-4

0716933153

ANCE CALL US AT:

JLJ COMMUNICATIONS LLC 614 GRAND HWY CLERMONT FL 34711

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We essigned you EIN 59-3718437.—This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

Keep this part for your records.

CP 575 E (Rev. 1-2001)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

0716933153

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 05-22-2001
() - EMPLOYER IDENTIFICATION NUMBER: 59-3718437 FORM: SS-4

INTERNAL REVENUE SERVICE ATLANTA GA 39901