

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90257 036 ****50.00

DOCUMENT # L00000003611

1. Entity Name
MPA MORNINGSID LLC

Principal Place of Business
**310 25TH AVENUE NORTH, SUITE 100
 NASHVILLE TN 37203**

Mailing Address
**310 25TH AVENUE NORTH, SUITE 100
 NASHVILLE TN 37203**

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 **11-3544373**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
 1406 HAYS STREET, SUITE 2
 TALLAHASSEE FL 32301**

Name **CT Corporation System**
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
 City **Plantation** **FL** Zip Code **33324**

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 *Mary R. Adams* **MARY R. ADAMS** **4/30/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not using ASSISTANT SECRETARY DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **CEO** ☐ Delete
 NAME **TREADWAY, RICHARD**
 STREET ADDRESS **310 25TH AVENUE NORTH, SUITE 100**
 CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE **CEO, chairman, Chief Manager and Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **BUCK, WAYNE**
 STREET ADDRESS **310 25TH AVENUE NORTH, SUITE 100**
 CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE **President and COO** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **GRISHAM, ANDREW**
 STREET ADDRESS **310 25TH AVENUE NORTH, SUITE 100**
 CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE **Vice President and CFO** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EVP** ☒ Delete
 NAME **SUITER, PHILLIP**
 STREET ADDRESS **310 25TH AVENUE NORTH, SUITE 100**
 CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **BUCK, WAYNE**
 STREET ADDRESS **310 25TH AVENUE NORTH, SUITE 100**
 CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Andrew P. Grisham* **Andrew P. Grisham** **4/29/02 (615) 342-0085**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)