

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92171 015 \*\*\*\*\*50.00

**DOCUMENT # L00000003817**

1. Entity Name

**CEA BV NET HOLDINGS, LLC**



Principal Place of Business

**101 EAST KENNEDY BLVD., SUITE 3300  
TAMPA FL 33602**

Mailing Address

**101 EAST KENNEDY BLVD., SUITE 3300  
TAMPA FL 33602**

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

**59-3636253**

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

**JUNG, MING G**

**101 EAST KENNEDY BLVD., SUITE 3300  
TAMPA FL 33602**

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 **MGRM** ☐ Delete  
NAME **ATLANTIC AMERICAN INTERNET PARTNERS, LTD**  
STREET ADDRESS **101 EAST KENNEDY BLVD., SUITE 3300**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **Mgr.** ☐ Change ☒ Addition  
NAME **Angela L Horwitz**  
STREET ADDRESS **101 E. Kennedy Blvd. Ste. 3300**  
CITY-ST-ZIP **Tampa FL 33602**

TITLE **MGR** ☐ Delete  
NAME **JUNG, MING**  
STREET ADDRESS **101 EAST KENNEDY BLVD., SUITE 3300**  
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **MGR** ☒ Delete  
NAME **BURNS, DAVID A**  
STREET ADDRESS **101 EAST KENNEDY BLVD., SUITE 3300**  
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **MGR** ☐ Delete  
NAME **MICHAELS, J. PATRICK JR**  
STREET ADDRESS **101 EAST KENNEDY BLVD., SUITE 3300**  
CITY-ST-ZIP **TAMPA FL 33602**

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

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: Angela L Horwitz **Angela L Horwitz** 4/29/03 (813) 226-8844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)