

2001 UNIFORM BUSINESS REPORT (UBR)

0001572 AF

DOCUMENT # L00000004914

1. Entity Name

DOGMATIC-MEDIA, L.L.C.

FILED

01 MAY -2 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

738 BROADWAY PENTHOUSE
NEW YORK NY 10003

Mailing Address

738 BROADWAY PENTHOUSE
NEW YORK NY 10003

2. Principal Place of Business

419 West 14th Street

Suite, Apt. #, etc.

City & State
New York, NY

Zip
10014

Country
USA

3. Mailing Address

419 West 14th Street

Suite, Apt. #, etc.

City & State
New York, NY

Zip
10014

Country
USA

4. FEI Number

58-2545880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J
ONE TAMPA CITY CENTER
201 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Randolph J. Wolfe

Street Address (P.O. Box Number is Not Acceptable)

100 N. Tampa, Ste. 2700

City

Tampa

FL

Zip Code

33602

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

Randolph J. Wolfe

Randolph J. Wolfe Registered Agent

4/30/01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NO. W!!!! FEE IS \$50.00
Make Check Payable to Department of State

800004316068--0
-05/24/01--01098--024
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager, Laurel A. Harris, 466 Greenwich, PH 24 New York, NY 10012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Michael J. Santorelli, 466 Greenwich, PH 24 New York, NY 10012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Simila R. Roy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/01

Date

(802) 223-2200 X.10

Daytime Phone #

CR2E083 (11/00)