

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90118 028 \*\*\*\*50.00

**DOCUMENT # L00000004935**

1. Entity Name

**SUMMA PUBLISHING GROUP II, LLC**

Principal Place of Business

**200 S BISCAYNE BLVD  
 SUITE 2500  
 MIAMI FL 33131-2336**

Mailing Address

**200 S BISCAYNE BLVD  
 SUITE 2500  
 MIAMI FL 33131-2336**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1007074**

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

**SCOTT R. AUSTIN, P.A.  
 200 S BISCAYNE BLVD  
 SUITE 2500  
 MIAMI FL 33131-2336**

Name

**SCOTT R. AUSTIN**

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

**700 S. Federal Highway, Suite 200**

City

**Boca Raton**

FL

Zip Code

**33432**

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

**SCOTT R. AUSTIN** Registered Agent 4/22/02

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**  
 NAME **AUSTIN, SCOTT R**  
 STREET ADDRESS **200 S. BISCAYNE BLVD., STE 2500**  
 CITY-ST-ZIP **MIAMI FL 33131-2336**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE **Manager**  
 NAME **Austin, Scott R**  
 STREET ADDRESS **700 S. Federal Highway, Suite 200**  
 CITY-ST-ZIP **Boca Raton, FL 33432**

☒ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
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 CITY-ST-ZIP

☐ Change ☐ 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:

**SCOTT R. AUSTIN** Manager 4/22/02 954-410-3760

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

Date

Daytime Phone #

CR2E083 (9/01)