

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90004 005 ****50.00

DOCUMENT # L00000004935

1. Entity Name

SUMMA PUBLISHING GROUP II, LLC



Principal Place of Business

**700 SO. FEDERAL HWY
SUITE #200
BOCA RATON FL 33432**

Mailing Address

**700 SO. FEDERAL HWY
SUITE #200
BOCA RATON FL 33432**

2. Principal Place of Business

515 N. Flagler Drive

Suite, Apt. #, etc.

Ste. 600

West Palm Beach, FL

33401

U.S.A.

3. Mailing Address

515 N. Flagler Dr.

Suite, Apt. #, etc.

Ste. 600

West Palm Beach, FL

33401

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

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

**SCOTT R. AUSTIN, P.A.
~~700 SO. FEDERAL HWY~~
~~SUITE 200~~
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

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

515 N. Flagler Dr.

Suite 600

West Palm Beach, FL

FL

33401

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

2/15/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **AUSTIN, SCOTT R**
STREET ADDRESS **700 SO. FEDERAL HWY - STE. #200**
CITY-ST-ZIP **BOCA RATON FL 33432**

10. ADDITIONS / CHANGES

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

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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:

SCOTT R. AUSTIN, P.A.

3-3-03

954/410-3760

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

Date

Daytime Phone #

CR2E083 (10/02)