

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024140 AF

DOCUMENT # L00000014805

1. Entity Name

~~DRUM BEAT COMMUNICATIONS, LLC~~

DrumBeat Ventures, LLC

FILED

01 JAN 22 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1050 E. PIEDMONT RD., STE. E-103  
MARIETTA GA 30062

Mailing Address

1050 E. PIEDMONT RD., STE. E-103  
MARIETTA GA 30062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1520 Songgrass Village Dr.  
Suite, Apt. #, etc.  
# 206

3. Mailing Address

SAME

City & State  
Ponte Vedra Beach FL

City & State

4. FEI Number  
58-2585677

Applied For  
Not Applicable

Zip  
32082

Country  
USA

Zip

Country

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

LYDAY, LARRY  
738 PALMERA DR. E.  
PONTE VEDRA BEACH FL 32082

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.

SIGNATURE

*[Signature]*

01-19-01

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYDAY, LARRY 738 PALMERA DR. E. PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALONE, TOMMY 2634 COURTLAND PARK CIR. MARIETTA GA 30068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Edward L. Henshaw 32223 11453 Dustin Ct. Jacksonville FL	<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"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

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

1/20/01

(904) 273-3142

Date Daytime Phone #

CR2E083 (11/00)