

202 100000014925

DOCUMENT # L00000014925

1. Entity Name

PLUTONIUM PUBLISHING, LLC

Principal Place of Business

18978 BOB O LINK DRIVE  
MIAMI FL 33015

Mailing Address

18520 N.W. 67TH AVENUE #278  
MIAMI FL 33015-3302

2. Principal Place of Business

6081 SW 33rd ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Zip

33023

Country

US

Country

4. FEI Number 65-1109636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GAINER, MICHAEL S  
6081 S.W. 33RD STREET  
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

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

*Michael S Gainer*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/5/03

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GAINER, MICHAEL S  
6081 S.W. 33RD STREET  
MIRAMAR FL 33023 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JORDAN, REANDRA T  
18978 BOB O LINK DRIVE  
MIAMI FL 33015 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS / CHANGES

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

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

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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition  
REINSTATEMENT 05-03

TITLE  
NAME  
STREET ADDRESS  
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:

*Michael S Gainer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/5/03

Date

Daytime Phone #

954 965 4971

CR2E083 (4/02)

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