## 2003 LIMITED LIABILITY COMPA

## **FILED** Sep 12, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR DOCUMENT # L0000015593 09-12-2003 90064 004 \*\*\*\*50.00 1. Entity Name Catholicweb.com, L.L.C. Principal Place of Business Mailing Address 2000 ALDEN STREET 2000 ALDEN STREET ORLANDO FL 32803-1459 ORLANDO FL 32803-1459 2. Principal Place of Business 3. Mailing Address 500 S. LAKE DESTINY 500 S. LAKE Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State 59-3696320 Applied For City & State 4. FEI Number ORLANDO Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32810-62 32810-6249 USA USA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAZAR, DANIEL D Street Address (P.O. Box Number is Not Acceptable) 2153 LEE ROAD WINTER PARK FL 32789 Zip Code City 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. SIĞNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE ☐ Change Addition TITLE ☐ Delete SCHREINER: DON NAME NAME 108 CHAPMAN AVE. STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIF CITY-ST-ZIP VMGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition GALANT, CARL J NAME 8416 N. INTERREGIONAL HWY. (IH 35) STREET ADDRESS STREET ADDRESS **AUSTIN TX 78753** CITY-ST-ZIP CITY-ST-ZIP SMGR TITLE ☐ Addition TITLE ☐ Delete ZIELKE, ROBERT JR. NAME NAME 500 S. LANE DESTINY-RA.... ORLANDO, FL. 32810-6249 2000 ALDEN STREET STREET ADDRESS STREET ADDRESS ORLANDO FL 32803-1459 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supp with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the appropriate this report as required by Chapter 608, Florida Statutes. indicated on this report is true and

SIGNATURE:

limited liability company or the re

Davtime Phone #