

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000157
1. Entity Name

BLUEWATER MEDIA, L.C.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 1300 N. Boulevard 2045 Third Avenue North

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Tampa, Florida 33607 St. Petersburg, Florida 33713

Zip **Country** **Zip** **Country**
 33607 USA 33713 USA

FILED
 01 APR 27 AM 1:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

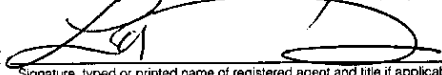
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Lori Elkins Latimer
 2045 Third Avenue North
 St. Petersburg FL 33713

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  **DATE** 4/17/01
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 Department of State

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 *****50.00 *****50.00

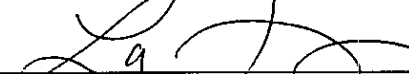
9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Andrew B. Latimer 2045 Third Avenue North St. Petersburg, FL 33713	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Lori Elkins Latimer 2045 Third Avenue North St. Petersburg, FL 33713	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member David Crump 476 Belmist Court Dunedin, FL 34698	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  **DATE** 4/17/01 **Daytime Phone #** 727/823-0169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)