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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jun 25, 2002 8:00 am Secretary of State DOCUMENT # L0100004704 05-22-2002 90224 048 \*\*\*\*50.00 CHANNELSIDE GROUP, ILC Principal Place of Business Mailing Address P.O. BOX 24282 P.O. BOX 24282 TAMPA FL 33622 TAMPA FL 33622 2. Principal Place of Business 3. Mailing Address 5045 W Cypress Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Tampa 59-3709936 Not Applicable Country 33607 \$5.00 Additional 5. Certificate of Status Desired - [ Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUTTON, KEVIN H Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD. **SUITE 3700 TAMPA FL 33602** City 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 Fiorida. ŜIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Menager Member TITLE □ Delete TITLE (9/01) ☐ Change ☐ Addition Frank G. Cisnaro S. JR MALIF NAME STREET ADDRESS 112 So. Woodlyne are STREET ADORESS CR2E083 CITY-ST-ZIP Tampa H 33609 CITY-ST-ZIP Randelph S. Merrill Delete 117LE ☐ Change ☐ Addition NAME POBOX 18182 NAME member STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tampa CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE 3 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

se required

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-02-1813

SIGNATURE: