

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90817 009 \*\*\*\*50.00

**DOCUMENT # L01000005308**

1. Entity Name

**E-MOTION MEDIA LC**

**DO NOT WRITE IN THIS SPACE**

**969662**

2. Principal Place of Business

**1801 HALSTEAD BLVD.**

3. Mailing Address

**1801 HALSTEAD BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**TALLAHASSEE, FL**

City & State

**TALLAHASSEE, FL**

4. FEI Number

**59-3716780**

Applied For

Not Applicable

Zip

**32309**

Country

**USA**

Zip

**32309**

Country

**USA**

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**MARK D. SWAIN**

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

**3025 CLOUDLAND DR.**

City

**TALLAHASSEE**

FL

Zip Code

**32312**

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, typed or printed name of registered agent and applicable.

**Mark Swain, MGRM**

**6-25-02**

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
TOBY K. HOLCOMB  
176 MERIDIANA ST.  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
MARK SWAIN  
3025 CLOUDLAND DR.  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
DAWN SWAIN  
3025 CLOUDLAND DR.  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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CITY-ST-ZIP

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:

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

**MARK SWAIN, MGRM**

Date

Daytime Phone #

**6-25-02**

**(850)**

**222-4397  
244.281**

CR2E083B (12/01)