

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

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90355 011 \*\*\*\*50.00

DOCUMENT # L01000010184

1. Entity Name

AIRPORT NEWSPAPER PUBLISHING GROUP, LLC

969640

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3200 MATECUMBE KEY

Suite, Apt. #, etc.

3. Mailing Address

3200 MATECUMBE KEY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

4. FEI Number

65-1115546

Applied For

Not Applicable

Zip

33955

Country

USA

Zip

33955

Country

USA

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

T. CRAIG LIGIBEL

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

3200 MATECUMBE KEY

City

PUNTA GORDA

FL

Zip Code

33955

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

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  
T. CRAIG LIGIBEL  
3200 MATECUMBE KEY  
PUNTA GORDA, FL 33955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*T. Craig Ligibel*

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

Date

6/24/02

Daytime Phone #

816-858-3646