

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90270 043 \*\*\*\*55.00

967276



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L01000010788**

1. Entity Name

**NEWMEDIUM SOLUTIONS, L.L.C.**

Principal Place of Business

**150 MAGNOLIA AVE.  
 DAYTONA BEACH FL 32114**

Mailing Address

**150 MAGNOLIA AVE.  
 DAYTONA BEACH FL 32114**

2. Principal Place of Business

**7 SUNSHINE BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

**7 SUNSHINE BLVD.**

Suite, Apt. #, etc.

City & State

**ORMOND BEACH, FL**

Zip **32174**

Country **USA**

City & State

**ORMOND BEACH, FL**

Zip **32174**

Country **USA**

4. FEI Number

**59-3729421**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.  
 150 MAGNOLIA AVE.  
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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 Florida.

SIGNATURE

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

TITLE **MGR** Delete  
 NAME **MCGUIRE, ROBERT**  
 STREET ADDRESS **150 MAGNOLIA AVE.-LARRY MARSH-COBB COLE**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **MEMBER/MANAGER** Delete  
 NAME **TIMOTHY S HARDON**  
 STREET ADDRESS **7 SUNSHINE BLVD.**  
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MEMBER** Change Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Change Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Change Addition  
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TITLE Change Addition  
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 CITY-ST-ZIP

TITLE Change Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

CR2E083 (9/01)

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: REQUIRED**

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

**4/29/02 (380) 615-4558**

Date

Daytime Phone #