

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

04-30-2003 90182 048 ****50.00

DOCUMENT # L01000012804

1. Entity Name

HD MEDIA GROUP, LC



Principal Place of Business

**4601 W. KENNEDY BLVD., STE 124
TAMPA FL 33609**

Mailing Address

**4601 W. KENNEDY BLVD., STE 124
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

44003463



6. Name and Address of Current Registered Agent

**HUGGINS III, THOMAS
4601 W. KENNEDY BLVD., STE #124
TAMPA FL 33609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reestablishing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HUGGINS III, THOMAS
4516 TARPON DR.
TAMPA FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DEVERGER, DERRICK
2620 IMAN DRIVE
RALEIGH NC** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/24/03 (813) 207-0083

CR2E083 (10/02)

Attachment #

44003463
701000012804

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <u>HD Media Group, LC</u>		
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name.
	4a Mailing address (street address) (room, apt., or suite no.) <u>4601 W. Kennedy Blvd #124</u>		5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code <u>TAMPA FL 33609</u>		5b City, state, and ZIP code
	6 County and state where principal business is located <u>HILLSBOROUGH FLORIDA</u>		
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <u>265-27-3308</u> <u>THOMAS HUGGINS III</u>		
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) (enter GEN if applicable) <input checked="" type="checkbox"/> Other (specify) ▶ <u>Limited Liability Company</u>		
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State <u>N/A</u>		Foreign country <u>N/A</u>	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ <u>2/12/02</u> <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Other (specify) ▶			
10 Date business started or acquired (Mo., day, year) (See instructions.)		11 Enter closing month of accounting year. (See instructions.) <u>December</u>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) <u>12/31/05</u>			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."		Nonagricultural <u>0</u> Agricultural Household	
14 Principal activity (See instructions.) ▶ <u>media relations / promotions</u>			
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.			

Legal name ▶

Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Name and title (Please type or print clearly.)

Signature ▶

Date ▶ 5/20/03

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying