APPRUYE... AND FILED 10/2

## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

02 JAN 23 AH 8: 26 DOCUMENT # L01000013450 SECRETARY OF STATE TALLAHASSEE, FLORIDA Palm Beach Ad Group, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 5891 S. Military Trail 5891 S.Military Trail Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #5A #5A City & State City & State 4. FEI Number Applied For Lake Worth, Fl Lake Worth, Fl 65-1144139 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 33463 USA 33463 USA Fee Required 7. Name and Address of Current Registered Agent Name Corporation Service Company DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1201 Hays Street Tallahassee Zin Code 32301 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 **Brian Courtney** Asst. V. Pres. SIGNATURE. Signature, IVI of registered agent and title if applicable. FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. TITLE TITLE Manager Andrew Lovett 619 S. 21st Avenue NAME NAME - 400004793104-STREET ADDRESS STREET ADDRESS Hollywood, Fl 33020 CITY-ST-ZIP CITY-ST-7IP Manager TITLE TITLE 1. Ed Smith 5891 S. Military Trail #5A NAME NAME STREET ADDRESS STREET ADDRESS Lake Worth, Fl 33463 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST. 7P TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE





ACCOUNT NO. :

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 50.00

ORDER DATE: January 23, 2002

ORDER TIME : 3:26 PM

ORDER NO. : 029985-050

CUSTOMER NO:

7229347

CUSTOMER: Maria Etienne, Legal Asst

Kilpatrick Stockton Llp

Suite 2000

200 South Biscayne Boulevard

Miami, FL 33131

## CHANGE OF AGENT

NAME: PALM BEACH AD GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea VIII EXT#

DIVISION OF STATE SWILLING STATE : DEPARTMENT OF STATE SO JAN 23 PH 4 OZ