2002 UNIFORM BUSINESS REPORT 10 000 16967 DOCUMENT # L01000016867 1. Entity Name 03, FEB 14 PN 3-29 **NEWPORT MEDIA GROUP, LLC** SECRETARY OF STATE TALLAHASSEE FLORIDA Mailing Address Principal Place of Business PO BOX 111286 50 SEAGATE DR NAPLES FL 34108 UNIT 803 NAPLES FL 34103 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 35-2026550 Applied For City & State City & State Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MGRM EPSTEIN, DAVID Street Address (P.O. Box Number is Not Acceptable) **50 SEAGATE DR UNIT 803** NAPLES FL 34103 Zip Code nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this the obligations of registered ager 1-23-03 SIGNATURE DATE ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change Addition □ Delete TITLE 1171 E David Epstein MGRM NAME NAME **CR2E083** 50 Seagate Drive, Unit 803 STREET ADDRESS STREET ADDRESS Naples FL 34103 CITY-ST-ZIP CITY-ST-70 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 700011196Ō47 NAME NAME 01/29/03--01108--002 \*\*50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete ΠLE TITLE NAME 01033 001 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS CITY-OF CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this thing closs 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 any 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 of the true and accurate 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 of the same legal effect as if made under oath; that I am a managing member or manager of the

RECURRED

INING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

SIGNATURE:

317-575-8600

Daytime Phone #

1-23-03

Date