

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90188 043 \*\*\*\*50.00

0043900

**DOCUMENT # L01000018304**

1. Entity Name

~~LCS MORTGAGE SERVICES, LLC~~

*MP Media Services, LLC*



Principal Place of Business

240 E. 39TH STREET, SUITE 40G  
NEW YORK NY 10016

Mailing Address

240 E. 39TH STREET, SUITE 40G  
NEW YORK NY 10016

2. Principal Place of Business

245 E. 58th ST.

3. Mailing Address

245 E. 58th ST.

Suite, Apt. #, etc.

STE. 22A

Suite, Apt. #, etc.

STE. 22A

City & State

NEW YORK, N.Y.

City & State

NEW YORK, N.Y.

Zip

10022

Country

USA

Zip

10022

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

13-4194659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLOUGHBY, MIEKO  
4440 SANDPEBBLE TRACE, #402  
STUART FL 34996

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **SPERA, LAWRENCE A**  
STREET ADDRESS **240 E 39TH ST 40G**  
CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **245 E. 58th ST, STE. 22A**  
CITY-ST-ZIP **NEW YORK, N.Y. 10022**

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

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

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

212-486-7124

CR2E083 (10/02)