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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED

02 OCT 30 PH 12: 19 DOCUMENT # LOIDOGG 20061 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA DiPub, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Busines: 3. Mailing Address 1401 Manatee Ave W 1401 Manatee Ave W Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 910 Suite 910 City & State City & State 4. FEI Number Bradenton, Florida Applied For Bradenton, Florida ✓ Not Applicable Country Country 34205 \$5.00 Additional 5. Certificate of Status Desired 34205 USA USA Fee Required 7. Name and Address of Current Registered Agent Frederick J. Murrell DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1401 Manatee Avenue West Suite 910 City Bradenton FL quity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Frederick J. Murrell, Managing Member SIGNATURE 10/23/2002 FEE IS \$50.00 0/29/02--01141--003 **50.00 Make Check Payable to Department of State 30008677103 DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE Managing Member TITLE NAME NAME Frederick J. Murrell STREET ADDRESS STREET ADDRESS 1401 Manatee Ave W Ste 910 CITY-ST-ZIP CITY-ST-ZIP Bradenton Florida 34205 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-#T-7IP CITY+ST-ZIP TITLE TITLE. NAME: NAME STREET ADDRESS STREET ACCIDENCE CITY-ST-ZIP CITY-ST-ZIP TIT: F TITLE NAME NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Frederick J. Murrell, Managing Mt 10/23/2002 (941)741-8906

Date

Daytime Phone #

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October 23, 2002

Division of Corporations PO Box 6478 Tallahassee, FL 32314

To Whom It May Concern:

We received a notice from the Florida Department of State advising us of its intent to dissolve or revoke our limited liability company. I called (850)245-6051 and spoke with a representative of the Division of Corporations. The representative explained to me that the Florida Department of State sent out notices in January and June of this year. I explained to her that our office did not receive either of the prior notices for any of our companies. We verified the address and noticed there was a discrepancy in the suite number. Instead of suite 910 our old suite number was listed.

The representative told me that our company could download the form from www.sunbiz.org and pay the \$50.00 fee. If you have any questions, please call the number above. I really appreciate your assistance.

Sincerely.

Pamela E. Hernm

Marketing Assistant

3 companies are at our location Commerce code, cic DiPub, LC Shopper anistant, LC

DiPub, LLC 1401 Manatee Avenue West-Suite 910 Bradenton, Florida 34205 Phone: 941 741 8906 Fax: 941 747 8081