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FILED
Jun 18, 2002 8:00 am
Secretary of State

05-07-2002 90388 042 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021846
1. Entity Name
COMICS GUARANTY LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1500 INDEPENDENCE BLVD Suite, Apt. #, etc. # 220 City & State FL Zip 34234 Country		3. Mailing Address 1500 INDEPENDENCE BLVD Suite, Apt. #, etc. # 220 City & State FL Zip 34234 Country	
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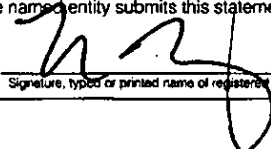
4. FEI Number
22-3637107
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

93405

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7. Name and Address of Current Registered Agent
Name MARK SALZBERG
Street Address (P.O. Box Number is Not Acceptable)
1500 INDEPENDENCE BLVD
City FL **Zip Code** 34234


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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, MANAGING MEMBER MARK SALZBERG 901 NORFOLK WAY FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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  **VP Finance** **4/29/02** **(941) 380 3990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)