FILED
Jun 13, 2003 8:00 am
Secretary of State
05-05-2003 92166 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000476

1. Entity Name
CMG MANAGEMENT GROUP , LLC

DO NOT WRITE IN THIS SPACE

44004219

2. Principal Place of Business	3. Mailing Address
209 DOWNING STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW SMYRNA BEACH	City & State
Zip: 32168 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3863645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DANNY MICHELBRINK
Street Address (P.O. Box Number is Not Acceptable): 209 DOWNING STREET
City: NEW SMYRNA BEACH FL Zip Code: 32168

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: Danny Michelbrink Danny Michelbrink 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MEMBER MANAGING DIRECTOR	TITLE	
NAME	DANNY MICHELBRINK	NAME	
STREET ADDRESS	209 DOWNING STREET	STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32168	CITY - ST - ZIP	
TITLE	MEMBER MANAGING DIRECTOR	TITLE	
NAME	MURPHY, JAMES	NAME	
STREET ADDRESS	4493 S. ATLANTIC AVE STE 202	STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32168	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Danny Michelbrink 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1