

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90085 018 ****50.00

0053065

DOCUMENT # L02000000752

1. Entity Name
RANDOM MEDIA, LLC



Principal Place of Business Mailing Address
11581 S.W. 10TH STREET **11581 S.W. 10TH STREET**
PEMBROKE PINES FL 33025 **PEMBROKE PINES FL 33025**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MULLINGS, ROBERT
11581 S.W. 10TH STREET
PEMBROKE PINES FL 33025

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 _____ (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	<input type="checkbox"/> Delete
NAME	MULLINGS, DAVID	
STREET ADDRESS	11581 S.W. 10TH STREET	
CITY - ST - ZIP	PEMBROKE PINES FL 33025	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MULLINGS, ROBERT	
STREET ADDRESS	11581 S.W. 10TH STREET	
CITY - ST - ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **REQUIRED** **1/21/02** **954-764-4944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)