

FILED
Apr 21, 2003 8:00 am
Secretary of State

03-03-2003 90003 011 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

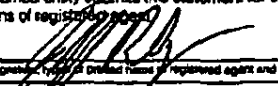
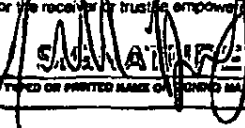
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55027742



Tax ID#

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # L02000005440					
1. Entity Name ANOTHER BRILLIANT IDEA, LLC					
Principal Place of Business 801 CLEVELAND ST., STE 950 CLEARWATER FL 33755			Mailing Address 801 CLEVELAND ST., STE 950 CLEARWATER FL 33755		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. Federal Tax ID# 03-0399954				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SHIVELY, USA 801 CLEVELAND ST., STE 950 CLEARWATER FL 33755				7. Name and Address of New Registered Agent	
				Name JEFF GIDEN	
				Street Address (P.O. Box Not Acceptable) 801 CLEVELAND ST	
				Suite SUITE 950	
				City Clearwater FL Zip Code 33755	
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 registration agent.					
SIGNATURE  Jeff R. Giden				DATE 3-14-03	
NOTE: Registered Agent signature required when withdrawing.					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP JIM HERRON PRESIDENT 601 CLEVELAND ST Suite 950 Ctw, FL 33755			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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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)(X), 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:  JIM HERRON				DATE 2/26/03 727.724.3444	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					