

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-10-2003 90022 043 ****55.00

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|--|--|---------------------------|---|---|--|
| DOCUMENT # L02000005968 | | | | | |
| 1. Entity Name GOOD NEWS TECHNOLOGIES, LLC | | | | | |
| Principal Place of Business 13856 DANFORTH DRIVE SOUTH JACKSONVILLE FL 32224 | | | Mailing Address 13856 DANFORTH DRIVE SOUTH JACKSONVILLE FL 32224 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 01-0632152 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SHOWALTER, LEN 13856 DANFORTH DRIVE SOUTH JACKSONVILLE FL 32224 | | | 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 <u>LEN SHOWALTER</u> <small>Signature, typed or printed name of registered agent and state if applicable.</small> | | | | 4/8/03 <small>DATE</small> | |
| 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 | PRESIDENT LEN SHOWALTER 13856 DANFORTH DR. SO. JACKSONVILLE, FL 32224 | | <input type="checkbox"/> Delete | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | | |
| 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: <u>LEN SHOWALTER</u> 3/12/03 (904) 992-0545 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

CR2E083 (10/02)