

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90050 007 ****50.00

DOCUMENT # L02000006204

1. Entity Name
BROADWAY COMMUNICATION ENTERPRISES LLC



Principal Place of Business
**301 SAM SMITH CIR.
CRAWFORDVILLE FL 32327**

Mailing Address
**301 SAM SMITH CIR.
CRAWFORDVILLE FL 32327**

20007344



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3621147

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**A1A CORPORATE SERVICES INC.
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351**

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

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

(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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	DICKENS, DONNA		
	301 SAM SMITH CIR.		
	CRAWFORDVILLE FL 32327		
MGR	BROADWAY, CARVAS W		
	1532 COUNTYROAD 53		
	CLAYTON AL 36016		
MGR	BROADWAY, MARIA VITORIA		
	1532 COUNTYROAD 53		
	CLAYTON AL 36016		

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: *Donna Dickens* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/7/03 (850) 421-2032

CR2E083 (10/02)