

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90693 027 ****50.00

DOCUMENT # L02000010835

1. Entity Name

MEDIA TECH SERVICES, LLC



Principal Place of Business

**3844 WATERCREST DRIVE
LONGWOOD FL 32779**

Mailing Address

**3844 WATERCREST DRIVE
LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

283 Cranes Roost Blvd. PO Box 1447

Suite, Apt. #, etc.
Suite 135

Suite, Apt. #, etc.

City & State

Altamonte Springs Goldenrod

City & State

Zip

Country

Zip

Country

FL

32701

FL

32733

4. FEI Number

01-0683336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HODGES, GEORGE
585 SOUTH CR-427, SUITE 121
LONGWOOD FL 32750-5462**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	PRICE, JAMES R	3844 WATERCREST DRIVE	LONGWOOD FL 32779	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	DUCKHORN, MICHAEL H	970 MARGO DRIVE	LONGWOOD FL 32750	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	SMITH, PATRICK	70 PARTRIDGE CIRCLE	WINTER SPRINGS FL 32708	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	PRICE, JOEL	806 ROSALIA DRIVE	SANFORD FL 32771	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

4-30-03

Date

407-963-9249

Daytime Phone #

CR2E083 (10/02)