

# ANNUAL REPORT

DOCUMENT # L02000014999

1. Entity Name:  
FORUM NEWS, LLC



**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90027 006 \*\*\*\*50.00

Principal Place of Business  
10014 N. DALE MABRY SUITE 101  
TAMPA, FL 33618

Mailing Address  
10014 N. DALE MABRY SUITE 101  
TAMPA, FL 33618

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



02052005 Chq-LLC CR2E083 (10/03)

4. FEI Number  
03-0458313

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
MATTHEW, JANET L  
10014 N. DALE MABRY HWY  
SUITE 101  
TAMPA, FL 33614

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 *Timothy D. Matthew* Timothy D. Matthew, Publisher 2-21-05  
(Signature, typed or printed name of registered agent; and date is applicable. (If multiple registered agents, signatures required when necessary.) DATE

Filing Fee is \$80.00  
Due by May 1, 2005

Check or cash payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW, JANET L		NAME		
STREET ADDRESS	10014 N. DALE MABRY HWY, SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW, TIMOTHY O		NAME		
STREET ADDRESS	10014 N. DALE MABRY HWY, SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Timothy D. Matthew* Timothy D. Matthew 2-21-05 813-810-1130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #