

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000014999

Entity Name: FORUM NEWS, LLC

**FILED**  
**Feb 09, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

10014 N. DALE MABRY SUITE 101  
TAMPA, FL 33618

**New Principal Place of Business:**

13176 N. DALE MABRY HWY.  
SUITE 213  
TAMPA, FL 33618

**Current Mailing Address:**

10014 N. DALE MABRY SUITE 101  
TAMPA, FL 33618

**New Mailing Address:**

13176 N. DALE MABRY HWY.  
SUITE 213  
TAMPA, FL 33618

FEI Number: 03-0458313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATTHEW, JANET L  
10014 N. DALE MABRY HWY  
SUITE 101  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

MATTHEW, TIMOTHY O  
13176 N. DALE MABRY HWY  
SUITE 213  
TAMPA, FL 33618 US

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.

SIGNATURE: TIMOTHY MATTHEW

02/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MATTHEW, TIMOTHY O  
Address: 10014 N. DALE MABRY HWY, SUITE 101  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MATTHEW, TIMOTHY O  
Address: 13176 N. DALE MABRY HWY, SUITE 213  
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MATTHEW

MGR

02/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date