

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90150 028 \*\*\*\*50.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L02000016169</b>   |  |  |   |  |  |
| <b>1. Entity Name</b><br><b>MEDIA GROUP INTERNATIONAL, LLC</b>   |  |  |   |  |  |
| <b>Principal Place of Business</b><br>224 CLEARWATER DRIVE<br>PONTA VEDRA FL 32082-4187  |  |  | <b>Mailing Address</b><br>224 CLEARWATER DRIVE<br>PONTA VEDRA FL 32082-4187   |  |  |
| <b>2. Principal Place of Business</b><br>11616 AIA Highway N<br>Suite, Apt. #, etc.  |  | <b>3. Mailing Address</b><br>SAME<br>Suite, Apt. #, etc. |   |  |  |
| <b>City &amp; State</b><br>Ponte Vedra Bch, FL   |  | <b>City &amp; State</b>                                  |   | <b>4. FEI Number</b><br>11-3642634   |  |
| <b>Zip</b><br>32082  |  | <b>Country</b><br>USA                                    |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>SPIEGEL & UTRERA, P.A.<br>1840 SOUTHWEST 22 STREET 4TH FL<br>MIAMI FL 33145  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name: Michael L. Berry Jr.<br>Street Address (P.O. Box Number is Not Acceptable): 833 First Street North, #305<br>City: Jacksonville Beach FL Zip Code: 32250 |  |  |
| <b>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.</b><br>SIGNATURE:  DATE: 03/04/2003   |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2003</b>   |  |  |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | Managing Member<br>Jason Freeman<br>11616 AIA Highway N<br>Ponte Vedra Beach, FL 32082   |  | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                             |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | Managing Member<br>Amanda Freeman<br>11616 AIA Highway N.<br>Ponte Vedra Beach, FL 32082 |  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  |  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  |  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  |  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  |  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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.</b> |  |  |   |  |  |
| <b>SIGNATURE:</b>  |  |  | <b>SIGNATURE REQUIRED</b>   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date: 03/04/2003 (404) 285-0070   |  |  |

CR2E083 (10/02)