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

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

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DOCUMENT # L02000016169  1. Entity Name						03-18-200	)3 90150 028 ****	50.00	
MEDIA GROUP INTERNATIONAL, LLC									
Principal Place of Business Mailing Address									
224 CLEARWATE	224 CLEARWATER DRIVE	24 CLEARWATER DRIVE ONTA VEDRA FL 32062-4167							
PONTA VEDRA FL 32082-4187 PONTA VEDRA FL 32082-4187									
2. Principal Plage of Business 1(010 AIA Highway N 3. Mailing Address SAN					·	OH OH BOING HALL GAIR BR	13 <b>46</b> 711 60401 11 <b>930</b> 61101 11610 6	(16 <b>1</b> (161) 1 <b>31</b> 1	
Suite, Apt. #, etc. Suite, Apt. #, etc.			MINIO	····	CHECK HERE IF MAKING CHANGES				
Ony & State / / Oly & State					4. FEI Nun	nher	I IA	pplied For	¬
Porte	Veglin Boh, FL				11-36	<u>42634</u>	N	ot Applicable	<u>.</u>
2320E	12 Country USA	Zip	Count	try	5. Certifica	ite of Status Desired	S5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent						nd Address of New	Registered Agent .		]_
SPIEC	GEL-4-UTRERA, P.A.			Name Micu	ael .	Belly Jr.	. *		
-1840 SOUTHWEST 22 STREET-4TH FL				Street Address	P.O. Box Num	ber is Not Agreptab	oth #305		7
-MAM	II-FL-33145	•			<del>)   1:31</del>	3 VIII IV	OVIK TOO		7
	$\Lambda$			City	. 41	0 1	Zin Cod		-
				Jack		Beach	FL 322	50	_
8. The above named entity submits this statement or 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 egistered agent.									1
SIGNATURE I Charter							03/04/200	3	{
Signeture, typed of printed name of registered byens and title (NOTE: Registered Agent signature required when reinstating)  DATE									
}	•	FILE I	-	EE IS \$50.00 vida Departme	nt of State				1
		· ·		ny 1, 2003	III OI GIBIO				1
8.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES	<del></del>	┨.
TITLE	Managing Member	☐ Delete	TITLE				Change	Addition	]8
NAME CORREST ADDRESS	Juson Freeman	, .T	NAME	ET ADDRESS		•			5
STREET ADDRESS CITY-ST-ZIP	LUCE ALA Highway	ch, FL 3208:		ST-ZIP	.'	•			18
TITLE	Managing Member	☐ Delete	TITLE				☐ Change	Addition	CR2E083 (10/02)
NAME	Amanda Frieman	•	NAME	· I					<u> </u>
STREET ADDRESS CITY-ST-ZIP	Ponte Vede Reac	1. 4. FL 32082		T ADDRESS ST-ZIP					
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CITY-ST-ZIP				ST-ZIP	<del></del>				]
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.									
Himited liab		$\sim a$							}
23/04/2m3 (604)265 0070									