

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90217 009 \*\*\*\*50.00

**DOCUMENT # L02000019668**

1. Entity Name

**LOOKER PUBLISHING GROUP LLC**



Principal Place of Business

Mailing Address

**1629 N.W. 84TH AVENUE  
MIAMI FL 33126**

**1629 N.W. 84TH AVENUE  
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DADY, ROBERT E ESQ  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES FL 33134**

Name

**LAWRENCE IYOHU**

Street Address (P.O. Box Number is Not Acceptable)

**1629 NW 84th Avenue**

City

**Miami**

FL

Zip Code

**33126**

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

☐ Delete

TITLE  
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**MANAGING MEMBER  
John C. Fox  
1629 NW 84th Avenue  
MIAMI, FL 33126**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Required**  
**Managing Member**

Date

**1/6/03**

Daytime Phone #

**305-662-9959**

CR2E083 (10/02)