


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90110 002 ****50.00

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DOCUMENT # L02000019798		
1. Entity Name DIX PUBLISHING, LLC		

Principal Place of Business 330 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750	Mailing Address 330 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750
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2. Principal Place of Business 220 East Central Parkway Suite 1020	3. Mailing Address 220 East Central Parkway Suite 1020
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City & State Allamonte Springs FL	City & State Allamonte Sp. FL	4. FEI Number 55 0790187	Applied For <input type="checkbox"/> Not Applicable
Zip 32701	Country US	Zip 32701	Country US



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name Jack Dicks Street Address (P.O. Box Number is Not Acceptable) 220 East Central Parkway Suite 1020 City Allamonte Sp. FL Zip Code 32701	
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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.

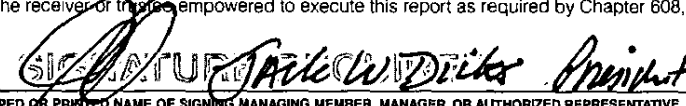
SIGNATURE  **Jack W. Dicks** DATE **4/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR DICKS, J.W. 330 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Jack W. Dicks President** DATE **4/15/03** DAYTIME PHONE # **4073754141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CP2E083 (10/02)