

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90129 039 \*\*\*\*50.00

DOCUMENT # L02000020298

1. Entity Name

MZBIZ MEDIA, LLC



Principal Place of Business

330 CROWN OAK CENTRE DRIVE  
LONGWOOD FL 32750

Mailing Address

330 CROWN OAK CENTRE DRIVE  
LONGWOOD FL 32750

2. Principal Place of Business

220 East Central Parkway

3. Mailing Address

220 East Central Parkway

Suite, Apt. #, etc.

Suite 1020

Suite, Apt. #, etc.

Suite 1020

City & State

Altamonte Springs FL

City & State

Altamonte Sp. FL

Zip

32701

Country

US

Zip

32701

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02 0638331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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 W DICKS

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

220 East Central Parkway

Suite 1020

City

Altamonte Sp.

FL

Zip Code

32750

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

TITLE MGR  
NAME DICKS, J.W.  
STREET ADDRESS 330 CROWN OAK CENTRE DRIVE  
CITY-ST-ZIP LONGWOOD FL 32750

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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]*  
NATE MANAGER

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

4/15/03 407/375-4141

Date

Daytime Phone #

CR2E083 (10/02)