

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0011784

DOCUMENT # **L02000020774**

1. Entity Name

NEW FREEDOM INTERNATIONAL PUBLISHING L.L.C.



FILED

03 SEP 23 AM 8:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**2731 N.E. 14TH STREET, SUITE 620
POMPANO BEACH FL 33062**

**2731 N.E. 14TH STREET, SUITE 620
POMPANO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHARPENTIER, GERARD
2731 N.E. 14TH STREET, SUITE 620
POMPANO BEACH FL 33062**

Name

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

City

FL

Zip Code

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LACHANCE, MARCEL
7375 DE CHATEAUBRIAND, MONTREAL,
QC H2R 2L7, CANADA**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800023283288
09/23/03--01059--006 *E-6900**

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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:

SIGNATURE REQUIRED

Sept. 18th 2003

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

Date

Daytime Phone #

CR2E083 (4/03)