

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021676

FILED  
Apr 19, 2004  
Secretary of State

**Entity Name:** THE SATELLITE MAGAZINE, LLC

**Current Principal Place of Business:**

P.O. BOX 2823  
GAINESVILLE, FL 32602 US

**New Principal Place of Business:**

111 SW 3RD ST  
GAINESVILLE, FL 32601 US

**Current Mailing Address:**

P.O. BOX 2823  
GAINESVILLE, FL 32602 US

**New Mailing Address:**

**FEI Number:** 37-1440822      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRUNK, DENISE M  
920 NW 8TH PLACE  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: TRUNK, DENISE  
Address: 920 NW 8TH PLACE  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: V ( ) Delete  
Name: BRYSON, BILL  
Address: P.O. BOX 2823  
City-St-Zip: GAINESVILLE, FL 32602 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TRUNK, DENISE  
Address: 920 NW 8TH PLACE  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: MGR (X) Change ( ) Addition  
Name: BRYSON, BILL  
Address: P.O. BOX 2823  
City-St-Zip: GAINESVILLE, FL 32602 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DENISE TRUNK

MGR

04/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date