2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03269900091
9/24/2003-90047-038-$50.00-$50.00

FILED
2003 OCT -3 PM 1:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022194

1. Entity Name
LEISURE MEDIA, LC

Principal Place of Business	Mailing Address
13131 MODULAR, EAST HIGHWAY 316 FT. MCCOY FL 32134	P.O. BOX 1256 OCALA FL 34478

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11386 NE 113th Terrace	P.O. Box 1256
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. McCoy, FL	City & State: Ocala, FL
Zip: 32134 Country: Marion	Zip: 34478 Country: Marion

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, WILLIAM F.
15699 N.E. 167TH LANE
FT. MCCOY FL 32134

7. Name and Address of New Registered Agent

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: William Patterson - President WILLIAM F. PATTERSON 9/3/03
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	MGRM/ VICE PRESIDENT NORM PULLMAN 15699 NE 167th LN Ft McCoy, FL 32134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM/ PRESIDENT WILLIAM F PATTERSON 15699 NE 167th LN Ft. McCoy, FL 32134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: William F. Patterson WILLIAM F. PATTERSON 9/3/03 352-236-0752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)