

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90095 019 *****50.00

DOCUMENT # L02000027468

1. Entity Name
SD MEDIA, LLC



Principal Place of Business

12717 W. SUNRISE BLVD., #308
SUNRISE FL 33323

Mailing Address

12717 W. SUNRISE BLVD., #308
SUNRISE FL 33323

2. Principal Place of Business

3274 Windjammer Dr.

3. Mailing Address

3274 Windjammer Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

Spring Hill FL

Zip

34607

Country

Zip

34607

Country

4. FEI Number

59-3757681

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

DENFELD, PHILIPP V
12717 W. SUNRISE BLVD., #308
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

Steven Michaels

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

3274 Windjammer Dr.

City

Spring Hill

FL

Zip Code

34607

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

Steven Michaels

Steven Michaels

4/24/03

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager** ☐ Delete
NAME **Steven Michaels**
STREET ADDRESS **3274 Windjammer Dr.**
CITY-ST-ZIP **Spring Hill FL 34607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Manager** ☐ Change ☒ Addition
NAME **Steven Michaels**
STREET ADDRESS **3274 Windjammer Dr**
CITY-ST-ZIP **Spring Hill FL 34607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

Steven Michaels

REQUESTED

Steven Michaels

4/24/03

352-220-2518

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

Date

Daytime Phone #

CR2E083 (10/02)

0055807