

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90064 010 ****50.00

DOCUMENT # L02000028688

1. Entity Name

SUN MEDIA, LLC



Principal Place of Business

**6323 BAYVIEW DRIVE, UNIT 2
FORT LAUDERDALE FL 33308**

Mailing Address

**6323 BAYVIEW DRIVE, UNIT 2
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

6323 BAY CLUB DRIVE

Suite, Apt. #, etc.

UNIT #2

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

USA

3. Mailing Address

6323 BAY CLUB DRIVE

Suite, Apt. #, etc.

UNIT #2

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

83-0340234

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAW OFFICES WILLIAMS & ASSOCIATES, P.A.
80 S.W. 8TH STREET, SUITE 1830
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

MELANIE S. LEID

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

6323 BAY CLUB DRIVE

UNIT #2

City

FORT LAUDERDALE

FL

Zip Code

33308

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

Melanie S. Leid
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete
NAME **UTRICE C. LEID**
STREET ADDRESS **6323 BAYVIEW DRIVE - UNIT 2**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED

4/27/03

(954) 303-0192

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

Date

Daytime Phone #

CR2E083 (10/02)