

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000029600

FILED
Jan 22, 2003
Secretary of State

Entity Name: HIGH END MEDIA, LLC

Current Principal Place of Business:

1015 SEMORAN BLVD., SUITE 105
CASSELBERRY, FL 32707

New Principal Place of Business:

1015 SEMORAN BLVD., SUITE 105 PMB1457
CASSELBERRY, FL 32707

Current Mailing Address:

1015 SEMORAN BLVD., SUITE 105
CASSELBERRY, FL 32707

New Mailing Address:

1015 SEMORAN BLVD., SUITE 105 PMB 1457
CASSELBERRY, FL 32707

FEI Number: 13-4222751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

K2K END, INC.
1931 S. PRAIRIE DUNES COURT
OVIEDO, FL 32765 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: MGRM () Delete
Name: K2K END MEDIA, INC.,
Address: 1931 S. PRAIRIE DUNES COURT
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: K2K END MEDIA, INC.,
Address: 1931 S. PRAIRIE DUNES COURT
City-St-Zip: OVIEDO, FL 32765 US

Title: MGR () Change (X) Addition
Name: SAWYER, LANCE
Address: 1015 SEMORAN BLVD #105 PMB1457
City-St-Zip: CASSELBERRY, FL 32707 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: KAREN KAPLAN

MGRM

01/22/2003

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