LIMITED LIABILITY COMPANY

Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L 02 000029853 04-23-2003 90307 024 ****55.00 wideScreen media Group LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 4449 Lacey OAK Drive SAMO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For Palm Beach Gardens 01 07 55 834 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent James Erickson <u>DO NOT WRITE</u> Street Address (P.O. Box Number is Not Acceptable) OAK Drive IN THIS SPACE Beach Goodens Palm 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. FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS CR2E083B (12/02) TITLE Principal MGTM TITI F NAME James C. Erickson 4449 Lacey OAK Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Palm Beach Gardens FL TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TILE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE NAME STREET ADDRESS

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. 561-308 -9729

TITI F

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

Daytime Phone #