2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031655

1. Entity Name
LAW COMMUNICATIONS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 19 PM 3:22

LR
6/27

Principal Place of Business	Mailing Address
1100 BEACH ROAD, SUITE 300 SINGER ISLAND, FL 33404	1100 BEACH ROAD, SUITE 300 SINGER ISLAND, FL 33404

2. Principal Place of Business	3. Mailing Address
224 Datura Street	224 Datura St.
Suite, Apt. #, etc. 1312	Suite, Apt. #, etc. 1312
City & State WEST Palm Beach	City & State WEST Palm Beach
Zip 33401 Country USA	Zip 33401 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-4223553 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASERTA, PETER L 1100 BEACH ROAD, SUITE 300 SINGER ISLAND, FL 33404	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 [signature] PETER L. CASERTA 5/30/03
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTERTA, PETER L 1100 BEACH ROAD, SUITE 300 SINGER ISLAND, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300021004583 06/19/03--01020--003 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] 5/30/03 561-308-8905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #