

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 1100 BEACH ROAD, SUITE 300 SINGER ISLAND, FL 33404	Mailing Address 1100 BEACH ROAD, SUITE 300 SINGER ISLAND, FL 33404
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2. Principal Place of Business 224 DATWA Street Suite, Apt. #, etc. 1312	3. Mailing Address 224 DATWA St. Suite, Apt. #, etc. 1312
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☒ CHECK HERE IF MAKING CHANGES

City & State WEST Palm Beach	City & State WEST Palm Beach
Zip 33401 Country USA	Zip 33401 Country USA

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 CASERTA, PETER L 1100 BEACH ROAD, SUITE 300 SINGER ISLAND, FL 33404	
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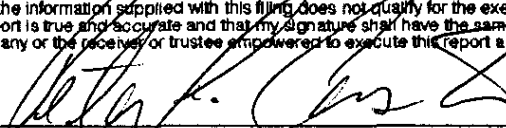
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	PETER L. CASERTA	DATE 5/30/03

FILE NOW WITH FEE OF \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS	
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	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
300021004583 06/19/03--01020--003 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	DATE 5/30/03 Daytime Phone # 308-8905 561-8841

CR2E083 (10/02)