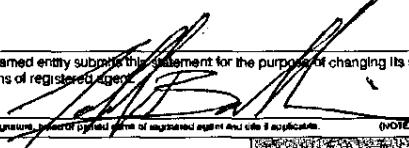
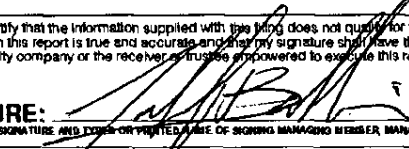


FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 90997 019 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

00004013

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                                                                                                                                                                                                                                  |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L02000031757</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                                                                                                                                 |                                                                   |
| 1. Entity Name<br><b>BALDWIN MEDIA GROUP, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |                                                                                                                                                                                                                                  |                                                                   |
| Principal Place of Business<br>3145 BEAVER POND TRAIL<br>VALRICO, FL 33594                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | Mailing Address<br>3145 BEAVER POND TRAIL<br>VALRICO, FL 33594                                                                                                                                                                   |                                                                   |
| 2. Principal Place of Business<br><b>5138 Whispering Leaf TRAIL</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | 3. Mailing Address<br><b>PO BOX 324</b><br>Suite, Apt. #, etc.                                                                                                                                                                   |                                                                   |
| City & State<br><b>VALRICO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          | City & State<br><b>VALRICO FL</b>                                                                                                                                                                                                |                                                                   |
| Zip<br><b>33594</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Country<br><b>US</b>                                                                                     | Zip<br><b>33595</b>                                                                                                                                                                                                              |                                                                   |
| 4. FEI Number<br><b>043728139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                           |                                                                   |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                                                                                                                                                                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>BALDWIN, JEFFREY J</b><br>3145 BEAVER POND TRAIL<br>VALRICO, FL 33594                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br><b>Jeffrey J BALDWIN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5138 Whispering Leaf TRAIL</b><br>City<br><b>VALRICO</b> FL Zip Code<br><b>33594</b> |                                                                   |
| 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.<br>SIGNATURE  DATE <b>4-20-03</b><br><small>(NOTE: Registered Agent's signature required when registering)</small>                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                                                                                                                                                                                                                  |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                                                                                                                                                                                                                  |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          | 10. ADDITIONS/CHANGES                                                                                                                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGR<br>BALDWIN, LINDSAY M<br>3145 BEAVER POND TRAIL<br>VALRICO, FL 33594 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGR<br>BALDWIN, JEFFREY J<br>3145 BEAVER POND TRAIL<br>VALRICO, FL 33594 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(f), 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.<br>SIGNATURE:  DATE <b>4-20-03</b><br><small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR TRUSTEE OR REPRESENTATIVE</small> |                                                                                                          |                                                                                                                                                                                                                                  |                                                                   |

CP2003 (10/02)