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Secretary of State

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

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

J000420/3

DOCUMENT # L02000031757

1. Entity Name
BALDWIN MEDIA GROUP, LLC

Principal Place of Business	Mailing Address
3145 BEAVER POND TRAIL VALRICO, FL 33594	3145 BEAVER POND TRAIL VALRICO, FL 33594

2. Principal Place of Business		3. Mailing Address	
5138 Whispering Leaf TRAIL		PO BOX 324	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ValRico		City & State: ValRico FL	
Zip: 33594	Country: US	Zip: 33595	Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04 3728139 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BALDWIN, JEFFREY J
3145 BEAVER POND TRAIL
VALRICO, FL 33594

7. Name and Address of New Registered Agent

Name: Jeffrey J BALDWIN
Street Address (P.O. Box Number is Not Acceptable): 5138 Whispering Leaf TRAIL
City: ValRico FL Zip Code: 33594

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] DATE: 4-20-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR BALDWIN, LINDSAY M 3145 BEAVER POND TRAIL VALRICO, FL 33594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALDWIN, JEFFREY J 3145 BEAVER POND TRAIL VALRICO, FL 33594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4-20-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #