

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/19/2003 00065-008 \$50.00-\$50.00

FILED

03 SEP 30 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # L02000033204

1. Entity Name
PINNACLE MEDIA, LLC

Principal Place of Business
**475 WEST TOWN PLACE
ST. AUGUSTINE FL 32092**

Mailing Address
**475 WEST TOWN PLACE
ST. AUGUSTINE FL 32092**

2. Principal Place of Business
475 West Town Place

Suite, Apt. #, etc.
Suite 111

City & State
St. Augustine FL

Zip
32092

Country
St. John's

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country



9/30 ☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**CLARK, ROSS T
1558 SAN MARCO BOULEVARD
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name
Howard Caplan

Street Address (P.O. Box Number is Not Acceptable)
6260 DuPont Station Court #C

City
Jacksonville

FL

Zip Code
32217

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 **Howard Caplan** (Howard Caplan) 9/16/03

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member - Presiding Member ☐ Delete Mark L. Hommedieu 877 Cloudcroft Branch Way Tax, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member - Secretary ☐ Delete David Dugas 301 Cheekwood Way Jax, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member - Treasurer ☐ Delete Hel Shadownis 1082 E Cactus Rd Scottsdale, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member - Vice Presiding ☐ Delete Steven Warfield 2753 Estates Lane Jax, FL 32257
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
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
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: **SIGNATURE REQUIRED** 9/16/03 888-239-6436

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

CR2E083 (4/03)