FILED
Aug 08, 2003 8:00 am
Secretary of State
06-13-2003 90005 006 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # L02000033710

1. Entity Name

COASTAL ANGLER MAGAZINE, LLC

DO NOT WRITE IN THIS SPACE

55053676

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
265 S. Robert Way	P.O. Box 373257
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Satellite Bch, FL	City & State: Satellite Bch, FL
Zip: 32937 Country: Brevard	Zip: 32937 Country: Brevard

4. FEI Number: EIN 06-1691549 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Karen Irene Smith

Street Address (P.O. Box Number is Not Acceptable): 265 S. Robert Way

City: Satellite Bch FL Zip Code: 32937

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: Karen I. Smith DATE: 6-30-03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	President
NAME	KAREN IRENE SMITH
STREET ADDRESS	265 S. ROBERT WAY
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	Vice President
NAME	JAMES ROONEY SMITH, II
STREET ADDRESS	265 S. ROBERT WAY
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	Secretary
NAME	ROBERT ROHMANN
STREET ADDRESS	2 INWOOD WAY
CITY-ST-ZIP	INDIAN HARBOR BCH FL 32937
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E083B (12/02)

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: Karen Irene Smith 6-09-03 321/777/2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #