

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000002706

Entity Name
PUBLISHING, LLC

FILED

04 APR 30 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
100 LINCOLN RD., STE. 200
MIAMI BEACH, FL 33139Mailing Address
PO BOX 19-0089
MIAMI BEACH, FL 33119Principal Place of Business
701 S W 6TH COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004 Chg-LLC CR2E083 (10/03)

City & State
PLANTATION, FLORIDA

City & State

4. FEI Number
41-2084034Applied For
Not Applicable

Zip

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, MITCHELL
100 LINCOLN RD., STE. 200
MIAMI BEACH, FL 33139

MICHAEL R. BALLOTTA

Street Address (P.O. Box Number is Not Acceptable)

SUITE 140

PLANTATION, FL

Zip Code
33324

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 Michael R. Ballotta

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

Make check payable to
Florida Department of StateFiling Fee is \$50.00
Due by May 1, 2004

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

MANAGING MEMBER ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
MITCHELL ROBINSON
P.O. BOX 19-0089
MIAMI BEACH, FL 33119TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPMANAGING MEMBER ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
LARRY SCHATZ, ESQ.
152 W. 57th St.
NEW YORK, NY 10019TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Delete
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STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

I hereby certify that the information indicated on this report is true and correct for the limited liability company or the recipient.

I am exempt from the provisions of Section 119.07(3)(b), Florida Statutes. I further certify that the information has legal effect as if made under oath; that I am a managing member or manager of the company as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TITLE OF PR

AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #