

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000042856

Entity Name: BB4B PUBLISHING LLC

**FILED**  
**Oct 10, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

741 SEBASTIAN BLVD.  
2  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

1401 THORNHILL LN.  
SEBASTIAN, FL 32958

**Current Mailing Address:**

1401 THORNHILL LANE  
SEBASTIAN, FL 32958

**New Mailing Address:**

FEI Number: 13-4282212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

SCOZZARI, JOSEPH L  
1401 THORNHILL LN.  
SEBASTIAN, FL 32958 US

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.

SIGNATURE: JOSEPH L. SCOZZARI

10/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCOZZARI, JOSEPH  
Address: 1401 THORNHILL LANE  
City-St-Zip: SEBASTIAN, FL 32958

Title: ST (X) Delete  
Name: SCOZZARI, JOSEPH  
Address: 1401 THORNHILL LANE  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH L. SCOZZARI

MGR

10/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date