

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90345 029 ****50.00

DOCUMENT # L06000106567

1. Entity Name
GRAND SLAM MEDIA, LLC



Principal Place of Business
1908 1ST STREET NORTH
JACKSONVILLE, FL 32250

Mailing Address
1908 1ST STREET NORTH
JACKSONVILLE, FL 32250

60033872



2. Principal Place of Business - No P.O. Box #

1 Independent Drive
Suite, Apt. #, etc.
* 3120

3. Mailing Address

1 Independent Dr.
Suite, Apt. #, etc.
* 3120

01152007 Chg-LLC CR2E083 (12/06)

City & State
Jacksonville FL

City & State
Jacksonville

4. FEI Number
20-5854175

Applied For
Not Applicable

Zip
32202

Country
USA

Zip
32202

Country
USA

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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MGR
Steven Griffin
9090 Hogan Rd.
Jacksonville FL 32216

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/5/07

Date

904-673-9745

Daytime Phone #