2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2003 8:00 am Secretary of State DOCUMENT # L9600000772 04-25-2003 90756 041 ****50.00 VENUS VIDEO, L.C. Principal Place of Business Mailing Address 20 SOUTH U.S. 17-92 20 SOUTH U.S. 17-92 DEBARY FL 32713 DEBARY FL 32713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3390695 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTERS, LAWRENCE G ESQ. 455 DOUGLAS AVE. SUITE 2155-31 Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32714** City 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR CR2E083 (10/02) Addition TITLE ☐ Delete TITLE Change SPACE COAST NEWS & VIDEO, INC. NAME NAME STREET ADDRESS 20 SOUTH U.S. 17-92 STREET ADDRESS CITY-ST-ZIE DEBARY FL 32713 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE ☐ Change [] Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change [] Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change [] Addition NAME 4 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: OR AUTHORIZED REPRESENTATIVE

supplied with this file

11. I hereby certify that the information

indicatéd on this report is true a limited liability company or the leg

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

courate and that mysignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the very trustee epipowered to execute this report as required by Chapter 608, Florida Statutes,

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