

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 27 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #

L97000000582

NAE MEDIA/SARASOTA, L.C.
2033 MAIN ST., STE. 101
SARASOTA FL 34236

1a. Principal Place of Business Address

2033 MAIN ST., STE. 101
SARASOTA FL 34236

2. Principal Place of Business

NAE MEDIA

Suite, Apt. #, etc.

677 N WASHINGTON BLVD

City & State

SARASOTA FL

Zip

34236

Country

US

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

05/23/1997

4. FEI Number

65-0758039

3a. State of Formation

FL

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

PFLUGNER, J. GEOFFREY
2033 MAIN ST., STE. 101
SARASOTA FL 34236

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

4/20/98

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

MACLNNES, JAMES

667 N. WASHINGTON BLVD.

SARASOTA FL

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/20/98 316 0491

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****188.75 ****188.75