2000 UNIFORM BUSINESS REPORT (UBR)

0009451 AF

DOCUMENT # L97000000582

1. Entity Name
NAE MEDIA/SARASOTA, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 17 AM 10:45

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
677 N. WASHINGTON BLVD. SARASOTA FL 34236	677 N. WASHINGTON BLVD. SARASOTA FL 34236-4241

2. Principal Place of Business	3. Mailing Address
650 GOLDEN GATE POINT	P.O. BOX 1257
Suite, Apt. #, etc. # 601	Suite, Apt. #, etc.
City & State SARASOTA FLORIDA	City & State SARASOTA FLORIDA
Zip 34236 Country ~~SARASOTA~~	Zip 34230 Country US

4. FEI Number 65-0758039 ☐ Applied For ☐ Not Applicable

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

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 Department of State

mf 2/28/00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NILBRINK, LARS 667 N. WASHINGTON BLVD. SARASOTA FL 34236 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PRESIDENT~~ - MGRM NILBRINK, LARS 650 GOLDEN GATE POINT # 601 SARASOTA, FLORIDA 34236 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003155966--3 -03/03/00--01018--001 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

11. I 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 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 REQUIRED [signature] 01-31-00 941-928-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #