2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000439

1. Entity Name
CURRANT MEDIA L.C.

FILED
01 JUL 27 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2254 GATOR DR.. #335 ORLANDO FL 32807	2254 GATOR DR.. #335 ORLANDO FL 32807

2. Principal Place of Business	3. Mailing Address
631 Torrey Oaks Ct	631 Torrey Oaks Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood, FL	City & State: Longwood FL
Zip: 32750 Country: USA	Zip: 32750 Country: USA

4. FEI Number: 59-3504200 ☐ 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
DISMAN, JULIE A 2254 GATOR DR., APT 335 ORLANDO FL 32807	Name: Julie A. Jacobs Street Address (P.O. Box Number is Not Acceptable): 631 Torrey Oaks Ct City: Longwood FL Zip Code: 32750

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: Julie A. Jacobs Julie A. Jacobs 7-25-01
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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JACOBS, MICHAEL C 2254 GATOR DRIVE ORLANDO FL 32807	☐ Delete	MGRM Michael Jacobs 631 Torrey Oaks Ct Longwood, FL 32750	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DISMAN, JULIE A 2254 GATOR DRIVE ORLANDO FL 32807	☐ Delete	MGRM Julie A. Jacobs 631 Torrey Oaks Ct Longwood FL 32750	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400004510094--4 07/31/01--01076--025 *****55.00	☐ Change ☐ Addition *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [illegible] 7-25-01 407 9774523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)