

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007514
AF

00 MAY -3 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000001092

1. Entity Name
PEAK MEDIA INVESTMENT, L.C.

Principal Place of Business Mailing Address
101 EAST KENNEDY BOULEVARD, SUITE 3300 101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602 TAMPA FL 33602-5151

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-3202079 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CEA INVESTORS, INC.
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602

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.

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

9. MANAGING MEMBERS / MEMBERS
TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP
MGRM BRB PARTNERSHIP
1200 NEW HAMPSHIRE AVE., N.W.
WASHINGTON DC 20036
TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP
MGRM WEST, BOB
1450 SCALP AVENUE
JOHNSTOWN PA 15904
TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP
MGRM EWEN, HAROLD
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602
TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP
MGRM QUITONI, FRANK
1450 SCALP AVENUE
JOHNSTOWN PA 15904
TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP
MGRM LISECKY, BILL
92 SOUTH LAKE DRIVE
STAMFORD CT 06903
TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP
MGRM LOREBE INVESTMENTS, LTD.
3301 BAYSHORE BLVD., #1803
TAMPA FL 33629

10. ADDITIONS / CHANGES ☐ Change ☐ Addition
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
300003268823-3
-05/26/00-01000-012 Addition
*****50.00 *****50.00
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
4/25/2000 (813) 226-8844
Date Daytime Phone #