

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

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01 MAY -3 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # L98000001092</b>			
1. Entity Name <b>PEAK MEDIA INVESTMENT, L.C.</b>			
Principal Place of Business <b>101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA FL 33602</b>		Mailing Address <b>101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA FL 33602</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CEA INVESTORS, INC. 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA FL 33602</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<div style="text-align: center;"> <b>FILE NO!!!! FEE IS \$50.00</b>  <b>Make Check Payable to Department of State</b> </div>			
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRB PARTNERSHIP 1200 NEW HAMPSHIRE AVE., N.W. WASHINGTON DC 20036</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEST, BOB 1450 SCALP AVENUE JOHNSTOWN PA 15904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM EWEN, HAROLD 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA FL 33602</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM QUITONI, FRANK 1450 SCALP AVENUE JOHNSTOWN PA 15904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LISECKY, BILL 92 SOUTH LAKE DRIVE STAMFORD CT 06903</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOREBE INVESTMENTS, LTD. 3301 BAYSHORE BLVD., #1803 TAMPA FL 33629</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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CR2E083 (11/00)

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: x** *Harold Ewen* **REQUIRE** *Harold Ewen* *4/20/01* *(813) 226-8844*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #