

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90268 006 ****50.00

DOCUMENT # L98000001092

1. Entity Name

PEAK MEDIA INVESTMENT, L.C.

Principal Place of Business

**101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602**

Mailing Address

**101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602**

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

7. Name and Address of New Registered Agent

**CEA INVESTORS, INC.
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **BRB PARTNERSHIP**
CITY-ST-ZIP **1200 NEW HAMPSHIRE AVE., N.W.
WASHINGTON DC 20036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **WEST, BOB**
CITY-ST-ZIP **1450 SCALP AVENUE
JOHNSTOWN PA 15904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **EWEN, HAROLD**
CITY-ST-ZIP **101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **QUITONI, FRANK**
CITY-ST-ZIP **1450 SCALP AVENUE
JOHNSTOWN PA 15904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **LISECKY, BILL**
CITY-ST-ZIP **92 SOUTH LAKE DRIVE
STAMFORD CT 06903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **LOREBE INVESTMENTS, LTD.**
CITY-ST-ZIP **3301 BAYSHORE BLVD., #1803
TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
NAME
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:

Harold Ewen **REQUIRED**

Harold Ewen

4/26/02

813-226-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)