## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **L98000**0

1. Entity Name

Principal Place of Business

PEAK MEDIA INVESTMENT, L.C.

001092	•	u *-		
Mailing Address				
101 EAST KENNED	Y B	OULE	VARD.	SUITE 3300

## FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 92171 010 \*\*\*\*50.00

		101 EAST KENNEDY BOULE TAMPA FL 33602	EAST KENNEDY BOULEVARD. SUITE 3300 MPA FL 33602								
	<u> </u>										
2. Principal F	Place of Business	3. Mailing Address								Diis libi ledi	
Suite, Apt. #, etc. Suite, Apt. #, etc.				}	🗶 сні	ECK HERE	IF MAKING	CHANGES			
City & State City & State		,	4. FEI Number 59-		9-320207	79		oplied For ot Applicable			
Zip	Country	Zip	ip Country		5. Certificate of Status Desired See 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			Nan	Name							
			Stre	Street Address (P.O. Box Number is Not Acceptable)							
			Sue	Circle Address (1.0. Dox Mulliber is Not Addeptable)							
IAI	II A 1 L 00002										
			City	City FL Zip Code							
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered offic	e or register	ed agent, or bot	th, in the	State of FI	orida. I am f	amiliar with,	and accept	
SIGNATURE											
SIGNAL OF IE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent s	ignature required	when reinstating)			DATE			
		FILE NO	W!!! FEE !	S \$50.00							
		Make Check Payable		•	nt of State						
		Due	By May 1, 2	2003							
9.	MANAGING MEMBE	RS/MANAGERS	10.			Α	DDITIONS	/CHANGES	-		
TITLE	MGRM	☐ Delete	TITLE	MG	RM Enterpris. Lenne	COC	i 0.		☐ Change	Addition	
NAME STREET ADDRESS	Brb Partnership   1200 New Hampshire Ave., N	I NA/	NAME STREET ADDRI	E KIM	enterpri	odul	Bivd.	Stc. 33	00	}	
CITY-ST-ZIP	WASHINGTON DC 20036	1.77.	CITY-ST-ZIP	1000	parFL	331	002-				
TITLE	MGRM	Delete	TITLE	19770	<del>progre</del>	<u> </u>			Change	Addition	
NAME	WEST, BOB	Describ	NAME						change		
STREET ADDRESS	1450 SCALP AVENUE		STREET ADDR	:SS						ĺ	
CITY-ST-ZIP	JOHNSTOWN PA 15904		CITY-ST-ZIP								
TITLE	MGRM	☐ Delete	TITLE					<del></del>	☐ Change	☐ Addition	
NAME			NAME								
STREET ADDRESS	10, 210, 72,11,25, 5002211213, 00,12 0000			ESS							
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP								
TITLE	MGRM Quitoni, Frank	☐ Delete	TITLE NAME						☐ Change	☐ Addition	
NAME STREET ADDRESS	1450 SCALP AVENUE		STREET ADDRE	-88						}	
CITY-ST-ZIP	JOHNSTOWN PA 15904		CITY-ST-ZIP	-50							
TITLE	MGRM	☐ Delete	TITLE		·				Change	Addition	
NAME	LISECKY, BILL		NAME								
STREET ADDRESS	92 SOUTH LAKE DRIVE		STREET ADDRE	ess							
CITY-ST-ZIP	STAMFORD CT 06903		CITY-ST-ZIP								
TITLE	MGRM	☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	LOREBE INVESTMENTS, LTD.		NAME								
STREET ADDRESS	3301 BAYSHORE BLVD., #1803		STREET ADDRE	SS							
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP	<u> </u>							
11. I hereby	certify that the information supplied with	this filing does not qualify for	tne exemption	stated in Se	ction 119.07(3)(i	ı), Florid	a Statutes.	Titurther cert	ity that the i	ntormation (	

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.

Haroldewen