

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002337

1. Entity Name
LEAP FROG MARKETING, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business
4230 S. MACDILL AVENUE, SUITE E-210
TAMPA FL 33611

Mailing Address
4230 S. MACDILL AVENUE, SUITE E-210
TAMPA FL 33611-1901

2. Principal Place of Business
234 1/2 E Davis Blvd
Suite, Apt. #, etc. 201

3. Mailing Address
234 1/2 E Davis Blvd
Suite 201

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33606

Country
USA

Zip
33606

Country
USA

4. FEI Number
59 357 7985

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOWRY, LIONEL L IV
4230 S. MACDILL AVENUE, SUITE E-210
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name
LOWRY, LIONEL L IV

Street Address (P.O. Box Number is Not Acceptable)
234 1/2 E Davis Blvd

City
Tampa

FL

Zip Code
33606

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  7/27/00

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 STREET ADDRESS CITY-ST-ZIP	MGRM LOWRY, LIONEL L IV 4230 S. MACDILL AVENUE, SUITE E-210 TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. CONDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOWRY, LIONEL L IV 234 1/2 E Davis Blvd, #201 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOWRY, LEE 234 1/2 E Davis Blvd, #201 TAMPA, FL 33606	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003351233-3 -08/09/00--01091--008 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  7/27/00 251-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)