

2000 UNIFORM BUSINESS REPORT (UBR)

0014205 AF

DOCUMENT # L99000002381

1. Entity Name
METRO MEDIA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 9:09

Principal Place of Business

833 WOODMEADE COURT
ORLANDO FL 32828

Mailing Address

P.O. BOX 617101
ORLANDO FL 32861-7101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

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

GLADYS, BARRY
833 WOODMEADE COURT
ORLANDO FL 32828

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
GLADYS, BARRY
833 WOODMEADE COURT
ORLANDO FL 32828

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition
n/3/15/00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition
700003172827-5
-03/16/00-01073-022
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change 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:

Barry Gladys
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

407-872-0144

CR2E083 (9/99)