

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005472

1. Entity Name
CAPITAL FINANCIAL MEDIA LLC

FILED

01 FEB 19 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
235 NORTHEAST 4TH AVENUE, SUITE 102
DELRAY BEACH FL 33483

Mailing Address
235 NORTHEAST 4TH AVENUE, SUITE 102
DELRAY BEACH FL 33483

2. Principal Place of Business
245 NE 4th Ave Suite 102

3. Mailing Address
Same as #2

Suite, Apt. #, etc.

City & State
Delray Beach, FL

Zip
33483

Country
U.S.

4. FEI Number
52-2091610

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SODI, BRIAN
235 NORTHEAST 4TH AVENUE, SUITE 102
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
245 NE 4th Ave Suite 102
City Delray Beach FL Zip Code 33483

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 Brian Sodi DATE 2/14/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700003746107--9
-02/21/01--01090--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME SODI, BRIAN
STREET ADDRESS 235 NORTHEAST 4TH AVENUE, SUITE 102
CITY-ST-ZIP DELRAY BEACH FL 33483

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 245 NE. 4th Ave, Ste 102
CITY-ST-ZIP Delray Beach, FL 33483

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: [Signature] DATE 2/14/01 DAYTIME PHONE # 561-272-0460

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

CR2E083 (11/00)