

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005472

1. Entity Name

CAPITAL FINANCIAL MEDIA LLC

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90016 049 ****50.00

Principal Place of Business

245 NE 4TH AVE.
SUITE 102
DELRAY BEACH FL 33483

Mailing Address

245 NE 4TH AVE.
SUITE 102
DELRAY BEACH FL 33483

946752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2091610

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SODI, BRIAN
245 NE 4TH AVE.
SUITE 102
DELRAY BEACH FL 33483

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SODI, BRIAN
245 NE 4TH AVE., SUITE 102
DELRAY BEACH FL 33483
☐ Delete

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

TITLE
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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: Brian Sodi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/02 561-272-0460

CR2E083 (9/01)