2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900006131 1. Entity Name MEDIA WORKS PK, L.L.C.						SECRETARY OF STATE DIVISION OF CORPORATIONS 00 JUL 31 PM 1: 25					
Principal Place of Business Mailing Address							00 JUL 31	PH 1: Z) ^		
871 N.E. 35TH STREET 871 N.E. 35TH STREET								-			
BOCA RATON FL 33431 BOCA RATON FL 33431								•	Λ		
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address								
0.2-4.1.4		Cuite Ant 4 etc					20 1107		20105		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT	WRITE IN THIS S	SPACE		
City & State	е	City & State			4	4. FEI Number Applied For Not Applied For Not Applicable					
Zip	Country	Zip	Coun	Country			icate of Status Desi	_ 、 /	\$5.00 Add		
		<u> </u>	<u> </u>						Fee Require	;	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
HYMAN, I	PETER			Street Address (P.O. Box Number is Not Acceptable)							
871 N.E. 35TH STREET					Short Addition (1.5. Box Mainted to Not Additional Short						
BOCA RATON FL 33431											
				City	City FL Zip Code						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	OW!!!		50.00	·) 	DATE		-	
9.	MANAGING MEMB	ERS/MANAGERS	10.			<u></u> 1	ADDITI	ONS/CHANGES			
TITLE NAME	MGRM	☐ Delete	TITLI NAM	-	KRBI	MED	iA L, L, C.		Change	☐ Addition	
STREET ADDRESS	DEMOCET, NEWSCHILL			ET ADDRESS	7109	09 BAKErs Bridge Ave.					
CITY-ST-ZIP .	BRENTWOOD TN 37027		CITY	-ST-ZIP	Bren	utu	100 D, TN	37027			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete TITL RESOURCE MEDIA DISTRIBUTION, L.L.C. 871 N.E. 35TH STREET BOCA RATON FL 33431 TITL NAM STR CITY					Change Addition 3000033512036 -08/09/0001086018 *****55.00 *****55.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		i					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		· I		_			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete		· I					Change	Addition	
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trusted. **URE:**	I that my signature shall have	the same report as	e legal effec s required by	t as if made y Chapter 6	e under 808, Floi	oath; that I am a n	nanaging membe	r or manage	r of the	

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

Date

Daytime Phone #