

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009783 AF

DOCUMENT # L99000006611

1. Entity Name
PEARLMAN & BAINE MEDIA, L.L.C.

00 APR 17 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14 S. SEA ISLAND DRIVE
ORMOND BEACH FL 32176

Mailing Address
14 S. SEA ISLAND DRIVE
ORMOND BEACH FL 32176-2169



2. Principal Place of Business
11 Seacrest Drive

3. Mailing Address
11 Seacrest Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MMM

DO NOT WRITE IN THIS SPACE

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

4. FEI Number
59-3606250

Applied For
Not Applicable

Zip Country
32176 U.S.

Zip Country
32176 U.S.

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

MINETTE, BARBARA
14 S. SEA ISLAND DRIVE
ORMOND BEACH FL 32176

Name

Street Address (P.O. Box Number is Not Acceptable)

11 Seacrest Drive

City
Ormond Beach

FL Zip Code
32176

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 *Barbara Minette, Managing Member*

4-13-00

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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY- ST- ZIP
Managing Member
Barbara Minette
11 Seacrest Drive
Ormond Beach, FL 32176

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY- ST- ZIP
Member
Mark Baer
8295 Happy Camp Road
Moorpark, CA 93021

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
300003234719--8
-05/02/00--01035--003
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Barbara Minette*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-13-00

Date

904-441-4009

Daytime Phone #

CR2E083 (9/99)