

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L99000006876**1. Entity Name  
**CHANNEL, L.C.****FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90115 017 \*\*\*\*50.00

Principal Place of Business  
**19115 SAINT LAURENT DRIVE**  
**LUTZ FL 33549**Mailing Address  
**19115 SAINT LAURENT DRIVE**  
**LUTZ FL 33549**2. Principal Place of Business  
**14497 N Dale Mabry Hwy**3. Mailing Address  
**14497 N Dale Mabry Hwy**

Suite, Apt. #, etc.

**Ste 105**

Suite, Apt. #, etc.

**Ste 105**

City &amp; State

**Tampa FL**

City &amp; State

**Tampa, FL**

Zip

**33618-2047**

Country

**USA**

Zip

**33618-2047**

Country

**USA**4. FEI Number **59-3603644**

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****DALY, TERENCE J**  
**4009 WEST ANGELES STREET**  
**TAMPA FL 33629**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGR</b> <b>DU, RU L</b> <b>19115 SAINT LAURENT DRIVE</b> <b>LUTZ FL 33549</b>		<b>MGR</b> <b>DU, RU L</b> <b>14497 N DALE MABRY HWY STE 105</b> <b>TAMPA, FL 33618-2047</b>	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (4/02)

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 REQUIRED****08/23/02****813-9691028**

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

Date

Daytime Phone #