

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007982

1. Entity Name
NETTLE MEDIA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 3:13

Principal Place of Business
712 S. SUMMERLIN AVENUE
ORLANDO FL 32801

Mailing Address
712 S. SUMMERLIN AVENUE
ORLANDO FL 32801-4022



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

59-3609663

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

FRANCOEUR, JASON
712 S. SUMMERLIN AVENUE
ORLANDO FL 32801

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

1/14/00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Partner
STREET ADDRESS Jason Francoeur MGRM
CITY-ST-ZIP 712 South Summerlin Avenue
Orlando, FL 32801 Delete

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Partner
STREET ADDRESS Steven McElveen MGRM
CITY-ST-ZIP 712 South Summerlin Avenue
Orlando, FL 32801 Delete

TITLE NAME Change Addition
STREET ADDRESS 500003148855--3
CITY-ST-ZIP -02/28/00--01019--005
*****50.00 *****50.00

TITLE NAME Partner
STREET ADDRESS Joah Francoeur MGRM
CITY-ST-ZIP 712 South Summerlin Avenue
Orlando, FL 32801 Delete

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

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

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

Date

Daytime Phone #

1/14/00

CR2E083 (9/99)