

2002 UNIFORM BUSINESS REPORT  
DOCUMENT # L99000008038

0012804

1. Entity Name  
AXIS MEDIA GROUP LLC

FILED

02 NOV 25 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2706 HORSESHOE DR. S. #213  
NAPLES FL 34104

Mailing Address  
2706 HORSESHOE DR. S. #213  
NAPLES FL 34104

2. Principal Place of Business  
871C MEADOWLAND DRIVE  
Suite, Apt. #, etc.  
NAPLES FLORIDA

3. Mailing Address  
871C MEADOWLAND DRIVE  
Suite, Apt. #, etc.

City & State  
NAPLES FLORIDA  
Zip  
34108  
Country  
USA

City & State  
NAPLES FLORIDA  
Zip  
34108  
Country  
USA

4. FEI Number 59-3614917

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

VINCENT GREGG SHY  
847 TANBARK, #104  
NAPLES FL 34108

Name VINCENT SHY  
Street Address (P.O. Box Number is Not Acceptable)  
871C MEADOWLAND DRIVE  
City NAPLES FL Zip Code 34108

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

VINCENT SHY

9/15/02

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

900008519409

11/22/02--01071--012 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VINCENT GREGG SHY 871C MEADOWLAND DRIVE NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	900008519409 11/25/02--01040--007 **100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2002

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/15/02

239-253-2072

Date

Daytime Phone #

CR2E083 (4/02)