

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001627

1. Entity Name

MEDIA SYSTEMS FLORIDA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 12:08

Principal Place of Business

3801 PGA BLVD., SUITE 1000
PALM BEACH GARDENS FL 33410

Mailing Address

3801 PGA BLVD., SUITE 1000
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

7111 N. MILITARY TRAIL
Suite, Apt. #, etc.

3. Mailing Address

7111 N. MILITARY TRAIL
Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

65-1023884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

200004618432--9
-10/01/01--01073--021
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

TITLE NAME MGR
DENNY, CHRISTOPHER P
STREET ADDRESS 3801 PGA BLVD., SUITE 1000
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME MGR
DENNY, CHRISTOPHER P. ☒ Change ☐ Addition
STREET ADDRESS 7111 N. MILITARY TRAIL
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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

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

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

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

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

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:

Christopher P. Denny

9/18/01 561-799-1204

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

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CR2E083 (5/01)

STAPLE CHECK HERE