

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90236 004 \*\*\*\*50.00

**DOCUMENT #** M010Q0000874

**1. Entity Name**

**MEDIA WORKS, LLC**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**537 HORNBLOWER LANE**

Suite, Apt. #, etc.

**3. Mailing Address**

**537 HORNBLOWER LANE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**LONGBOAT KEY, FL**

**City & State**

**LONGBOAT KEY, FL**

**4. FEI Number**

**48-1242927**

**Applied For**

**Not Applicable**

**Zip**

**34228**

**Country**

**USA**

**Zip**

**34228**

**Country**

**USA**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

**CORPORATION SERVICE COMPANY**

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

**1201 HAYS STREET**

**City**

**TALLAHASSEE**

**FL**

**Zip Code**

**32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

**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.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>JEFF M. MCKEE</b> <b>537 HORNBLOWER LANE</b> <b>LONGBOAT KEY, FL 34228</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>CHRISTINA C. MCKEE</b> <b>537 HORNBLOWER LANE</b> <b>LONGBOAT KEY, FL 34228</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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**DO NOT WRITE  
IN THIS SPACE**

**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:** *Chris C. McKee* **Chris C. McKee** **4/12/02** **(941) 387-3560**

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

Date

Daytime Phone #

CR2E083B (12/01)