

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91004 005 \*\*\*\*50.00

DOCUMENT # M01000002842

1. Entity Name

CIMCities LLC



**DO NOT WRITE IN THIS SPACE**

**30063035**

2. Principal Place of Business

6205 Peachtree Dunwoody Rd.

Suite, Apt. #, etc.

City & State  
Atlanta, GA

Zip  
30328

Country  
USA

3. Mailing Address

6205 Peachtree Dunwoody Rd.

Suite, Apt. #, etc.

Attn: Corp Tax Dept. - 12th Flr

City & State  
Atlanta, GA

Zip  
30328

Country  
USA

4. FEI Number 58-2483502

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

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

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM - Cox Interactive Media, Inc.  
6205 Peachtree Dunwoody Rd  
Atlanta, GA 30328

TITLE  
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CR2E083B (12/02)

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:

*Preston B. Barnett*

Preston B. Barnett

4/22/03

678-645-0000

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

Date

Daytime Phone #