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

FILED Feb 19, 2003 8:00 am Secretary of State 02-19-2003 90002 004 ****55.00

DOCUMENT # M02000001079

1. Entity Name

ALW PUBLICATIONS, LLC.



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| | DO NOT WRIT | E IN THIS | SPAC | E | | | , , |
| Principal Place of Business 6820 Southpoint Parkway | | 3. Mailing Address 6820 Southpoint Parkway, | | | <u>-</u> | | |
| Suite, Apt. #, etc. #9 | | Suite, Apt. #, etc. #9 | | | DO NOT WRITE IN THIS SPACE | | |
| City & State Jacksonville, FI | | City & State Jacksonville, FI | | | 4. FEI Number 41-198472 | 24 | Applied I |
| _32216 | Country Zip Junited States 32216 | | Country United States | | 5. Certificate of Status Desired | ☑ \$5.0 | O Additional |
| DO NOT WRITE | | | | | 7. Name and Address of Current Registered Agent Ony Wunsh (P.O. Box Number is Not Acceptable) Southpoint Parkway, #9 | | |
| | | | | | | | |
| | | | | City Jacksonville FL Zip Code 32216 | | | |
| 8. The above | e named entity submits this statement titions of registered agent. | for the purpose of changing | its registere | | | lorida. I am familiar | with, and ac |
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| | Signature, typed or printed name of registered ager | nt and title if applicable. | FEE IS | \$50.00 | | DATE | |
| • • | | Make Check Pay | | orida Departme | ent of State | | ** · • |
| 9. | MANAGING MEMB | ERS/MANAGERS | | | | | |
| NAME STREET ADDRESS | Anthony Wunsh/MGR 6820 Southpoint Parkway, #9 Jacksonville, Fl. 32216 | | | T ADDRESS | \$************************************* | | |
| CITY-ST-ZIP TITLE | 0.000,000,000 | | CITY- | ST-ZIP | <u></u> | | |
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| STREET ADDRESS CITY-ST-ZIP | | | STREET | ADDRESS | 1 | | |

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 receives or trustee proveded to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: