2004 LIMITED LIABILITY COMPANY - ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000000986

1. Entity Name
TRADER DISTRIBUTION SERVICES, LLC

Principal Place of Business	Mailing Address
100 W. STREET NORFOLK, VA 23510	100 W. STREET NORFOLK, VA 23510

DO NOT WRITE IN THIS SPACE

01212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
54-1831825
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000024878
02/02/04-80083-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TRADER PUBLISHING COMPANY
STREET ADDRESS	100 W. STREET
CITY-ST-ZIP	NORFOLK, VA 23510
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: [signature] MICHAEL E ASKEW 1/21/04 757 640 6396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #