

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M99000001692

1. Entity Name
COMMUNICATIONS EQUITY ASSOCIATES, LLC

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
101 EAST KENNEDY BOULEVARD, SUITE 3300 101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602 TAMPA FL 33602-5151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3588764		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURNS, DAVID A		Name	
101 EAST KENNEDY BOULEVARD, SUITE 3300		Street Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33602		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
		FILE NOW!!! FEE IS \$50.00			
		Make Check Payable to Department of State			

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COMMUNICATIONS EQUITY GROUP, LLC		NAME	DAVID BURNS	
STREET ADDRESS	101 EAST KENNEDY BOULEVARD, SUITE 3300		STREET ADDRESS	101 E Kennedy Blvd #3300	
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	TOM CALDY	
STREET ADDRESS			STREET ADDRESS	101 E Kennedy Blvd #3300	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SCOTT MCKEAY	
STREET ADDRESS			STREET ADDRESS	101 E. Kennedy Blvd #3300	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PAUL GARDNER	
STREET ADDRESS			STREET ADDRESS	101 E Kennedy Blvd #3300	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2E083 (9/99)