

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001692

1. Entity Name
COMMUNICATIONS EQUITY ASSOCIATES, LLC



Principal Place of Business
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA, FL 33602

Mailing Address
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA, FL 33602



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05042004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-3588764

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, BRAD
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA, FL 33602

Name

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME COMMUNICATIONS EQUITY GROUP, LLC
STREET ADDRESS 101 EAST KENNEDY BOULEVARD, SUITE 3300
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000161136
05/21/04-80001-006 50.00

TITLE MGR ☐ Delete
NAME GORDON, BRAD
STREET ADDRESS 101 EAST KENNEDY BOULEVARD, SUITE 3300
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MICHAELS, JR, J PATRICK
STREET ADDRESS 101 EAST KENNEDY BOULEVARD, SUITE 3300
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #