

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92171 006 ****50.00

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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3588764**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURNS, DAVID A
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Brad Gordon**

Street Address (P.O. Box Number is Not Acceptable) **101 E. Kennedy Blvd. Suite 3300**

City **Tampa**

FL

Zip Code **33602**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

TITLE **MGR** ☒ Delete
NAME **BURNS, DAVID**
STREET ADDRESS **101 EAST KENNEDY BOULEVARD, SUITE 3300**
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **MGR** ☒ Delete
NAME **MECKLEY, SCOTT**
STREET ADDRESS **101 EAST KENNEDY BOULEVARD, SUITE 3300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

TITLE ☐ Delete
NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

10. ADDITIONS/CHANGES

TITLE **Manager** ☐ Change ☒ Addition
NAME **Brad Gordon**
STREET ADDRESS **101 E. Kennedy Blvd, Suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

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

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

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

TITLE ☐ Change ☐ Addition
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)(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]*

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

Date

Daytime Phone #

8/3-226-8844

CR2E083 (10/02)