

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

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90598 020 \*\*\*\*50.00

DOCUMENT # L00000002012  
1. Entity Name  
Tele Force LLC

**DO NOT WRITE IN THIS SPACE**

958381

2. Principal Place of Business  
3330 N University dr  
Suite, Apt. #, etc.

3. Mailing Address  
3330 N University dr  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Sunrise FL

City & State  
Sunrise FL

4. FEI Number  
65-0988331

Applied For  
 Not Applicable

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

Zip  
33351 Country  
USA

Zip  
33351 Country  
USA

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Marta Lederman Rub

Street Address (P.O. Box Number is Not Acceptable)  
4000 Hollywood Blvd

Suite 755 South

City  
Hollywood FL Zip Code  
33021

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

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Eisendorfer Chris</u> <u>4000 Hollywood Blvd</u> <u>Suite 755 South</u> <u>Hollywood FL 33021</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Papaian Sandra</u> <u>4000 Hollywood Blvd</u> <u>Suite 755 S.</u> <u>Hollywood FL 33021</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Rub, Marta Lederman</u> <u>4000 Hollywood Blvd</u> <u>Suite 755</u> <u>Hollywood, FL 33021</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Dawling Jeffrey</u> <u>3330 N University dr</u> <u>Sunrise FL 33351</u>	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	

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] Date 4/30/02 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)