

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90226 039 \*\*\*\*50.00

**DOCUMENT # L00000013724**

1. Entity Name  
**TARGET EMAIL DIRECT, LC**

974106



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**SQUARE ONE BUSINESS COMPLEX**      **SQUARE ONE BUSINESS COMPLEX**  
**351 CYPRESS ROAD, SUITE 405**      **351 CYPRESS ROAD, SUITE 405**  
**POMPANO BEACH FL 33060**      **POMPANO BEACH FL 33060**

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 **65-1055413**      Applied For  
 Not Applicable

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

**LESNIAK, STANLEY**  
**17098 COLLINS AVE.**  
**SUNNY ISLED BEACH FL 33160**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME P LESNIAK, STANCEY 17098 COLLINS AVE. SUNNY ISLES BEACH FL 33160 <input type="checkbox"/> Delete		TITLE NAME LESNIAK, STANLEY 185 NW SPANISH RIVER BLVD. STE. 250 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** \_\_\_\_\_ **8-8-2002** **5613953722**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (4/02)