

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90019 027 \*\*\*\*55.00

0006174

**DOCUMENT # L01000000371**

1. Entity Name  
**GBLK COMMUNICATIONS L.L.C.**



Principal Place of Business <b>201 S. BISCAYNE BLVD.          SUITE 1700          MIAMI FL 33131</b>	Mailing Address <b>201 S. BISCAYNE BLVD.          SUITE 1700          MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

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      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**

**MIAMI CENTER REGISTERED AGENTS, INC.  
 201 S. BISCAYNE BLVD.  
 SUITE 1700  
 MIAMI FL 33131**

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.

SIGNATURE: *Daniel Erolberg*      DATE: *04/17/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**PRES**  
**Daniel Erolberg**  
**201 S. Biscayne Blvd. Suite 1700**  
**Miami FL 33131**

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: *Daniel Erolberg*      DATE: *04/17/02*      866 999 4255

Signature and typed or printed name of signing managing member, manager, or authorized representative      Date      Daytime Phone #

CR2E083 (9/01)