

2002 UNIFORM BUSINESS REPORT (UBR)

4/16/2002-90067-009-\$50.00-\$50.00
 * 8/13/2002-90226-017-\$50.00-\$50.00

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 OCT 31 AM 11:17 LA 11/1

DOCUMENT # L01000012836

1. Entity Name
 247 LIVE HELP LLC

Principal Place of Business
 1111 CRANDON BLVD C 806
 KEY BISCAYNE FL 33149
 13727 SW 1ST LANE
 NEWBERRY, FL 32669

Mailing Address
 PO BOX 1011
 KEY BISCAYNE FL 33149
 13727 SW 1ST LANE
 Newberry FL, 32669

2. Principal Place of Business
 13727 SW 1ST LANE

3. Mailing Address
 13727 SW 1ST LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Newberry Florida

City & State
 Newberry Florida

Zip
 32669

Country
 US

Zip
 32669

Country
 US

4. FEI Number
 65114978

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRASSINOWER, CARLOS S
 925 CRANDON BLVD.
 KEY BISCAYNE FL 33149

Name DRASSINOWER CARLOS S

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

13727 SW 1ST LANE

City Newberry

FL

Zip Code 32669

13727 SW 1ST LANE
 NEWBERRY FL 32669

I, 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 *Carlos Drassinower*

08-12-02

(NOTE: Registered Agent signature required when re-registering)

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	Carlos S. Drassinower <input type="checkbox"/> Delete		
STREET ADDRESS	13727 SW 1ST LANE		
CITY-ST-ZIP	Newberry FL 32669		
	President & CEO <input type="checkbox"/> Delete		
STREET ADDRESS			
CITY-ST-ZIP			
	<input type="checkbox"/> Delete		
STREET ADDRESS			
CITY-ST-ZIP			
	<input type="checkbox"/> Delete		
STREET ADDRESS			
CITY-ST-ZIP			
	<input type="checkbox"/> Delete		
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CITY-ST-ZIP			
	<input type="checkbox"/> Delete		
STREET ADDRESS			
CITY-ST-ZIP			

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 606, Florida Statutes.

SIGNATURE: *Carlos S. Drassinower*

SIGNATURE REQUIRED

08-12-02 352331823

SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2003 (4/02)