

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

30046586

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| DOCUMENT # L02000026421 | | |
| 1. Entity Name PCSMOBILE, LLC | | |
| Principal Place of Business 1001 BRICKELL BAY DRIVE, SUITE 2600 MIAMI, FL 33131 | | Mailing Address 1001 BRICKELL BAY DRIVE, SUITE 2600 MIAMI, FL 33131 |
| 2. Principal Place of Business 8359 W SUNRISE BLVD Suite, Apt. #, etc. | | 3. Mailing Address 8359 W SUNRISE BLVD Suite, Apt. #, etc. |
| City & State PLANTATION FL | | City & State PLANTATION FL |
| Zip 33322 | Country USA | 4. FEI Number 52-2386537 Applied For <input type="checkbox"/> Not Applicable |
| Zip 33322 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent OSCAR GRISALES-RACINI 1001 BRICKELL BAY DRIVE, SUITE 2600 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name CLAUDIO SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 8359 W SUNRISE BLVD City PLANTATION FL Zip Code 33322 |
| 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, the registered agent. | | |
| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> | | DATE 03/21/03 <small>NOTE: Registered Agent's signature required when certifying</small> |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SANCHEZ, CLAUDIO M 1001 BRICKELL BAY DRIVE, SUITE 2600 MIAMI, FL 33131 <input type="checkbox"/> Delete | 10. ADDITIONS/CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V VERON, CARLOS R 1001 BRICKELL BAY DRIVE, SUITE 2600 MIAMI, FL 33131 <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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)(l), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | President 03/21/03 954423 1322 <small>Date</small> |

CREATED (10/02)