

2001 UNIFORM BUSINESS REPORT (UBR)

0012993 AF

DOCUMENT # L98000000608

1. Entity Name
INTERACTIVE SOFTWARE SYSTEMS, L.C.

FILED

01 FEB 21 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4500 NORTH STATE ROAD 7
SUITE 302
FORT LAUDERDALE FL 33319**

Mailing Address
**4500 NORTH STATE ROAD 7
SUITE 302
FORT LAUDERDALE FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0835057**
Applied For
 Not Applicable

Zip Country

Zip Country

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

**VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BOULEVARD, SUITE 3400
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 _____
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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR ORLOVE, MICHAEL
STREET ADDRESS **4500 N. STATE ROAD 7, 3RD FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33319**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGR FELDMAN, BERNARD
STREET ADDRESS **804 ST. ANDREWS ROAD**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE NAME Change Addition
300003768349-8
-02/26/01-01129-016
*******50.00 *****50.00**

TITLE NAME Delete
MGR PEISACH, HARRY
STREET ADDRESS **8251 OLD CUTLER ROAD**
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGR GLASS, HOWARD
STREET ADDRESS **4500 N. STATE ROAD 7, 3RD FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33319**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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: *Howard Glass* **2/14/01** **954-717-0069**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)