

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90143 009 ****50.00

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DOCUMENT # L98000000608

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

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



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 **65-0835057** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BOULEVARD, SUITE 3400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **HOWARD GLASS**

Street Address (P.O. Box Number is Not Acceptable)
4500 NORTH STATE ROAD 7

SUITE 301

City **FT. LAUDERDALE** FL Zip Code
33319

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 **Howard Glass, President** **Howard Glass, President** **4-17-02**
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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ORLOVE, MICHAEL	
STREET ADDRESS	4500 N. STATE ROAD 7, 3RD FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, BERNARD	
STREET ADDRESS	804 ST. ANDREWS ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GLASS, HOWARD	
STREET ADDRESS	4500 N. STATE ROAD 7, 3RD FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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, President** **4-17-02** **954-484-4973**

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

CR2E083 (9/01)