

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

.00 JUN -5 PM 1: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000000841**

1. Entity Name
PROMENADE COMMUNICATIONS, LLC

Principal Place of Business 2045 MARIPOSA AVENUE EL SEGUNDO CA 90245	Mailing Address 2045 MARIPOSA AVENUE EL SEGUNDO CA 90245-5001
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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 **58-2398978** **APPLIED FOR** 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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 Delete
NAME **MGRM**
STREET ADDRESS **WORLD PROMENADE COMMUNICATIONS, LLC**
CITY-ST-ZIP **2045 MARIPOSA AVENUE**
EL SEGUNDO CA 90245

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM**
STREET ADDRESS **MIRATEL COMMUNICATIONS, LLC**
CITY-ST-ZIP **2045 MARIPOSA AVENUE**
EL SEGUNDO CA 90245

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900003275759--4
-06/05/00--01005--001
******100.00 ****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
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: **X** **SIGNATURE REQUIRED** **X** Date Daytime Phone # **X**

CR2E083 (9/99)