

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90046 014 \*\*\*\*50.00

**DOCUMENT # L99000006423**



1. Entity Name  
**MERCHANT DATA SYSTEMS SALES AND MARKETING, LLC**

Principal Place of Business      Mailing Address  
**35 N.E. 40TH STREET - SECOND FLOOR**      **35 N.E. 40TH STREET - SECOND FLOOR**  
**MIAMI FL 33137**      **MIAMI FL 33137**

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      **65-0954638**      Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARAMA, MICHAEL D**  
**35 N.E. 40TH STREET - SUITE 105**  
**MIAMI FL 33137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE      **MGRM**       Delete  
NAME      **WILSHIRE PARTNERS, LLC**  
STREET ADDRESS      **1201 BRICKELL AVENUE, SUITE 210**  
CITY-ST-ZIP      **MIAMI FL 33131**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      **MGRM**       Delete  
NAME      **AK HOLDING, INC.**  
STREET ADDRESS      **420 LINCOLN ROAD, SUITE 448**  
CITY-ST-ZIP      **MIAMI BEACH FL 33139**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
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: SIGNATURE REQUIRED      3/24/03      (107) 596-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)