


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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91004 003 \*\*\*\*50.00

DOCUMENT # M01000001676  
1. Entity Name  
Cox Business Services, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6205 Peachtree Dunwoody Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
6205 Peachtree Dunwoody Rd.  
Suite, Apt. #, etc.  
Attn: Corp Tax Dept. - 12th Flr

DO NOT WRITE IN THIS SPACE

City & State  
Atlanta, GA

City & State  
Atlanta, GA

4. FEI Number 58-2584769

Applied For  
Not Applicable

Zip 30328 Country USA

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

7. Name and Address of Current Registered Agent

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City Tallahassee FL Zip Code 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM - CBS LLC Management, Inc. 6205 Peachtree Dunwoody Rd Atlanta, GA 30328	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Preston B. Barnett Preston B. Barnett 4/22/03 678-645-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #