

2001 UNIFORM BUSINESS REPORT (UBR)

0030058 AF

DOCUMENT # M98000000283

1. Entity Name

TELEFON, LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01-MAR-19 PM 2:43
FILED

Principal Place of Business

7353 S. ALTON WAY, BLDG. A
SUITE 102
ENGLEWOOD CO 80112

Mailing Address

7353 S. ALTON WAY, BLDG. A
SUITE 102
ENGLEWOOD CO 80112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

84-1314437

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPAMERICA, INC.
1525 S. ANDREWS AVE., SUITE 216
FORT LAUDERALE FL 33316

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
PERRI, MICHAEL P
STREET ADDRESS
7353 S. ALTON WAY, BLDG. A, #102
CITY-ST-ZIP
ENGLEWOOD CO 80112

TITLE NAME Change Addition
300003929649--7
STREET ADDRESS
-03/29/01--01078--019
CITY-ST-ZIP
*******50.00 *****50.00**

TITLE NAME Delete
MGR
MARIANI, STEVE
STREET ADDRESS
7353 S. ALTON WAY, BLDG. A, #102
CITY-ST-ZIP
ENGLEWOOD CO 80112

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
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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:

SIGNATURE *[Handwritten Signature]*

3-8-01

303-779-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)