

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M98000000413

FILED  
Jan 11, 2002 8:00 AM  
Secretary of State

Entity Name: PREMIUM SERVICES MANAGEMENT, LLC

**Current Principal Place of Business:**

3465 N. DESERT DR., #222  
ATLANTA, GA 30344

**New Principal Place of Business:**

**Current Mailing Address:**

3465 N. DESERT DR., #222  
ATLANTA, GA 30344

**New Mailing Address:**

FEI Number: 58-2259104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GOLDEN, JANICE  
Address: 3465 N. DESERT DR., #400  
City-St-Zip: ATLANTA, GA 30344

Title: MGRM ( ) Delete  
Name: GOLDEN, LEONARD  
Address: 3465 N. DESERT DR., #400  
City-St-Zip: ATLANTA, GA 30344

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOLDEN, JANICE  
Address: 3465 N. DESERT DR., #222  
City-St-Zip: ATLANTA, GA 30344

Title: MGRM (X) Change ( ) Addition  
Name: GOLDEN, LEONARD  
Address: 3465 N. DESERT DR., #222  
City-St-Zip: ATLANTA, GA 30344

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LEONARD GOLDEN

MGRM

01/11/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date