

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-14-2003 90007 033 ****50.00

DOCUMENT # L02000011901

1. Entity Name

GROUP TELEMEDIA, L.C.



Principal Place of Business

4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

Mailing Address

4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

55033464

2. Principal Place of Business

2199 Ponce de Leon Blvd
Suite 301
Coral Gables FL

3. Mailing Address

2199 Ponce de Leon Blvd
Suite 301
Coral Gables FL



☐ CHECK HERE IF MAKING CHANGES

City & State

Coral Gables FL

City & State

Coral Gables FL

4. FEI Number

54-2090793

Applied For

Not Applicable

Zip

33124

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STINSON, LOUIS JR.
4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: Stewart Agent Services
Street Address (P.O. Box Number is Not Acceptable):
2199 Ponce de Leon Blvd
Suite 301
City: Coral Gables FL Zip Code: 33134

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

[Signature]

manager

3/24/03

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWICKLOW, Leon 908 N Dixie Highway #256 Coral Gables FL 33132	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wetherald, Timothy 3025 South Parker Road Durango CO 80001	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

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

6/11/03

561 3687866

Daytime Phone

CR2E083 (10/02)