

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000690

1. Entity Name
TUNECOM, LLC



FILED

01 OCT -2 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
312 LINCOLN BLVD.
LEHIGH ACRES FL 33936-5033

Mailing Address
312 LINCOLN BLVD.
LEHIGH ACRES FL 33936-5033

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #: etc.
City & State
Zip Country

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME KOBESSEN, JOE P
STREET ADDRESS 312 LINCOLN BLVD.
CITY-ST-ZIP LEHIGH ACRES FL 33936-5033 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE MGRM
NAME EBERHART, CHARLES F
STREET ADDRESS 3484 KINSALE HEAD DRIVE
CITY-ST-ZIP COLUMBUS OH 43221 Delete

TITLE MGRM
NAME EBERHART, CHARLES F
STREET ADDRESS 319 HIGH MEADOWS VILLAGE DRIVE
CITY-ST-ZIP POWELL, OHIO 43065 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP Change Addition

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STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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)(l), 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: Joe P Kobessen MGRM 9.14.01 941-368-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083 (5/01)

STARTLE CHECK HERE

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