LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # L00000004321 1. Entity Name 03 DEC -8 PM 3: 55 RENT-A-PHONE MIAMI, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3894 WEST FLAGLER ST 3894 WEST FLAGLER ST. Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 52-2258811 City & State Applied For MIAMI, FLORIDA MIAMI, FLORIDA Not Applicable - Country Zip __ Country_ \$5.00 Additional 5. Certificate of Status Desired 33134 USA 331345 USA 7. Name and Address of Current Registered Agent Name MICHAEL_BRAULT DO NOT WRITE 7800 W. OAKLAND PARK BLVD IN THIS SPACE SUITE 6-121 Zio Code 33351 SUNRISE 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. Duff FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS / MANAGERS TITLE MGR TITLE CR2E083B (12/01 NAME NAME BAGNOUD, BEATRICE STREET ADDRESS STREET ADDRESS 3894 WEST FLAGLER STREET CITY-ST-ZIP CITY-ST-ZIP 15 MIAMI, FLORIDA —33134 TITLE. TITLE NAME NAME STÁRET ADORES STREET ADDRESS CITY-ST-7:P CITY-ST-ZIP TITLE fiπε NAME NAME STREET ADDRESS STREET ADORESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP--TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CRY-ST-ZIP TITLE TITLE DEHO8 EHE:00 NAME NAME 010 20010 E0180. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP. . ·TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frue and accurate and that my signature shall have the same legal effect as if made under eath: that I am a managing member or manager of the limited flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

BEATRICE BAGNOUD, MANAGER

(786)552-0020

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone