LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

TELESOURCE EQUITIES III, L.L.C.

DOCUMENT # L00000005544

1. Entity Name

DO

FILED Apr 30, 2002 8:00 am Secretary of State

04-30-2002 90119 047 ****50.00

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|-------------------------|-------------|
| NOT WRITE IN THIS SPACE | 9 % C & V |

2. Principal Place of Business 3. Mailing Address 2410 Hollywood Blyd 2410 Hollywood Blyd Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Hollywood, Hollywood, Zip 33020-6607 Country Country 3⁴020-6607 USA

DO NOT WRITE IN THIS SPACE

Not Applicable \$5.00 Additional

Fee Required

Applied For

CR2E083B (12/01)

DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and title if applicable.

| 27 Name and Address of Current Registered Agent | | | |
|---|---|----------------|-----------------------|
| Name | Roark, Muchael | K | |
| Street A | ddress (P.O. Box Number is Not Acce W. San Marino Dr | ptable) ive | |
| City I | Miami Beach | FL | Zip Code 3 3 1 3 9 |

65-1019450

4. FEI Number

5. Certificate of Status Desired

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.

FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS TITLE President TITLE NAME Roark, MIchael K NAME STREET ADDRESS STREET ADDRESS 221 W. San Marino Drive CITY-ST-ZIP CITY-ST-ZIP <u>Miami Beach, FL 33139</u> TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO-NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME 4 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 true and accurate and that missignature 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

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

(954)342-5001 4/19/02