

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90006 038 \*\*\*\*50.00

**DOCUMENT # L00000005544**

1. Entity Name

**TELESOURCE EQUITIES III, L.L.C.**



Principal Place of Business

**2410 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020-6607**

Mailing Address

**2410 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020-6607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1019450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROARK, MICHAEL K  
221 WEST SAN MARINO DRIVE  
MIAMI BEACH FL 33139**

Name  
**ROARK, MICHAEL K.**

Street Address (P.O. Box Number is Not Acceptable)

**2410 HOLLYWOOD BLVD**

City  
**HOLLYWOOD**

**FL**

Zip Code  
**33020**

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 **ROARK, MICHAEL K**

**3/25/03**

Signature, typed or printed name of registered agent and title, 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

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **ROARK, MICHAEL K**  
STREET ADDRESS **221 W. SAN MARINO DRIVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **P** ☒ Change ☐ Addition  
NAME **ROARK, MICHAEL K**  
STREET ADDRESS **2410 HOLLYWOOD BLVD**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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: **Michael K Roark**

**3/25/03**

**(954) 342-5001**

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

Date

Daytime Phone #

CR2E083 (10/02)