

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 12, 2002 8:00 am
Secretary of State

06-12-2002 90095 011 ****50.00

DOCUMENT # L00000010565

1. Entity Name

OSPREY COMMUNICATIONS, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1819 Main Street

Suite, Apt. #, etc.
Suite 215

City & State

Sarasota, Florida

Zip 34236

Country

U.S.

3. Mailing Address

305 E. Main Street

Suite, Apt. #, etc.

City & State

Brighton, Michigan

Zip 48116

Country

U.S.

4. FEI Number

38-3552401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael J. Biber

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

1819 Main St., Ste. 215

City

Sarasota

FL

Zip Code
34236

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible

tax filing requirement and elects to do so.

(See criteria on back) ☐

10. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | Manager |
| NAME | Michael J. Biber |
| STREET ADDRESS | 1819 Main Street, Ste. 215 |
| CITY-ST-ZIP | Sarasota, FL. 34236 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael J. Cottrell, COO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/02

Date

810 225-9660

Daytime Phone #