

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 18, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000010875**1. Entity Name  
INTERACTIVE COMMUNICATION SOLUTIONS L.C.

| Principal Place of Business   | Mailing Address   |
|---|---|
| % ALBERT COHEN C.P.A.<br>9700 S. DIXIE HIGHWAY, SUITE 900<br>MIAMI FL 33156 | % ALBERT COHEN C.P.A.<br>9700 S. DIXIE HIGHWAY, SUITE 900<br>MIAMI FL 33156 |

| 2. Principal Place of Business | 3. Mailing Address  |
|--------------------------------|---------------------|
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |

DO NOT WRITE IN THIS SPACE

| Zip | Country | Zip | Country |
|-----|---------|-----|---------|
|     |         |     |         |

4. FEI Number ☒ Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WAYNE GEOFFREY MESQ.  
1201 BRICKELL AVENUE, SUITE 220  
  
MIAMI FL 331313207 US

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE **01/18/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS / MEMBERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |

## 10. ADDITIONS / CHANGES

| TITLE | NAME                 | STREET ADDRESS     | CITY-ST-ZIP           | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|----------------------|--------------------|-----------------------|---------------------------------|--|
|       | MGRM WALLING MICHAEL | 22 RUE IRNA MOREAU | 13100 AIX-EN-PROVENCE |                                 |  |
|       |                      |                    |                       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|       |                      |                    |                       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|       |                      |                    |                       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|       |                      |                    |                       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|       |                      |                    |                       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |

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 Walling MGRM 01/18/2001

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

Date

Daytime Phone #

CR2E083 (11/00)