## **2001 UNIFORM BUSINESS REPORT (UBR)**

				<b>4</b> ,					
DOCUMENT # L0000011595  1. Entity Name  P000 110						· .	,		
DSGC, LLC					.	FILED			
District Di				~ ~		OIFEB-I Ph	1 2: 20		
•	ce of Business	•	Mailing Address						
111 WEST WASHINGTON ST. LOUISVILLE KY 40202		111 WEST WASHINGTON ST. LOUISVILLE KY 40202				SECRETARY OF TALLAHASSEE.	FLORIDA		
2. Principal Place of Business		3. Mailing Address				t 1887 1817 BELL SOUL WEST BEST	1 <b>89</b> 111 <b>8818</b> 4 11881 11881 41	NA IRIOI DISI IKAL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI 1	lumber 61-137746	<i>,</i> ⊢+	Applied For Not Applicable		
Zip	Country Zip		Country		5. Certi	ficate of Status Desired	\$5.00 A	Additional	
	6. Name and Address of Current	Registered Agent	<u> </u>	··	7. Nam	and Address of New Re		100	
					Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324									
		City		City			FL Zip Co	ode	
8. The above named entity submits this statement for the purpose of changing its regist				d office or red	<del></del>				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NO)	TE: Registered	Agent signature re	equired when reinstati	na)	DATE		
	Signal Control of the		ragazoroa	T GOT TO GOT THE TO THE	SQUIDS THE TUNING		0.172		
				EE IS \$50				}	
		Make Check Pa	ayable to	Departme	ent of State			ŀ	
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/C	CHANGES		
TITLE		Delete	TITLE		Presiden	t 10 a a a	Change	e 🔀 Addition	
NAME STREET ADDRESS	WELLIAM .		NAME STREE	T ADDRESS	1) AVIA FIN	Norgan Jashington St.			
CITY-ST-ZIP				ST-ZIP	Louisvill	e KY 40202			
TIŢLE		☐ Delete	TITLE		Member	_	☐ Change	Addition	
NAME STREET ADDRESS			NAME	T ADDRESS //	avid A.	lones hinston St.			
CITY-ST-ZIP			CITY-	ST-ZIP	ouisville	hington St. , Ky 40202 Member Tones shington St. , Ky 40202		j	
TITLE	. ,	Delete Delete	. TITLE	-/	Managing	Menber	Change	Addition	
NAME STREET ADDRESS			NAME	T ADDRESS /	Daniel H.	Jones			
CITY-ST-ZIP		·	CITY-	ST-ZIP	ouisville	KY 40202			
TITLE		☐ Delete	TITLE			/	☐ Change	Addition	
NAME CIDET ADDRESS			NAME		•	600003	66290	65	
STREET ADDRESS CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP		600003 -02/08 *****	/0101128 55_00***		
TITLE &		☐ Delete	TITLE		<del></del>	77.22	☐ Change		
NAME	•		NAME	T ADDDCCC		L	v ·		
CITY-ST-ZIP	ı		CITY-S	T ADDRESS ST-ZIP				·	
TITLE	*	☐ Delete	TITLE				☐ Change	Addition	
NAME		•	NAME						
STREET ADORESS   CITY-ST-ZIP			STREET CITY-S	T ADDRESS   ST-ZIP				1	
11. I hereby c	ertify that the information supplied with	this filing does not qualify fo	r the exem	ption stated i	in Section 119.0	7(3)(i), Florida Statutes. I fi	urther certify that the	information	
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.									
SIGNAT	URE: DEVICE ON PRINTED NAME O	MOTO SIGNING MEMBER MA	NAGER OR A	UTHORIZED RED	PRESENTATIVE	Date	Daytime Phone #		
	THE CONTRACTOR OF TAME OF	The state of the s				Date	Dayume Phone #		