LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Sep 10, 2003 8:00 am Secretary of State

DOCUMENT #L00000011675 1. Entity Name Liberty Merchant Services, LLC				09-10-2003 90038 018 ****55.00			
	DO NOT WRIT	E IN THIS	SPACE		90155212	2	
	Place of Business	1	3. Mailing Address				
2200 SW 10th Street			Oth Street				
Suite, Apt. #, etc.		Suite, Apt. #, et	C.	ı	DO NOT WRITE IN THIS SPACE		
City & Stat		City & State			4. FEI Number		Applied For
•	ield Beach, FL		Beach, FL		59-2378818	T	Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$5.0	0 Additional
33442	USA	33442	USA	_	5. Certificate of Status Desired	Fee R	equired
10 . h	Park to the state of the state	*****			7. Name and Address of Current Regis	tered Agen	t
2 15				ame	117		
DO NOT WRITE				Mark Persily Street Address (P.O. Box Number is Not Acceptable)			
**			ž	200 SW 10	th Street		_1
49.3 ₃	IN THIS S	PACE *	. 14 "				
	of the state of th				<u> </u>		
			C	City Deerfield Beach FL Zip Code 33442			
P. The above		for the purpose of ober			 		
	tions of registered agent.	Tior the purpose of char	iging its registered o	nice or registeri	ed agent, or both, in the State of Florida.	annanma	with, and accept
	1 1 1 1		7 . 1				
SIGNATURE	- W- W- Y	Markit	ersily		<i>1</i> }	25/03	<u> </u>
GIGHT TOTAL	Signature, typed or printed name of registered age	ent and title if applicable.			. fc	ATE	
			FEE IS \$5	00.00			}
-		Make Check	Payable to Florid	la Departmer	nt of State		
	'1		DUE BY M.	AY 1			
9.	MANAGING MEM	BER\$/MANAGER\$	- Perfetation : Alliabilities PH	REMARKS OFFICE TO A	a Tite	 ,	
TITLE		DETTO/ NO TO TOLETTO	TITLE			- :	
NAME	Sole Member		NAME	".			1
	Internet Billing Company, LLC		STREET AD	nocce			, , , , , ,
	REET ADDRESS 2200 SW 10th Street						3 1/
CITY-ST-ZIP	Deerfield Beach, FL	33442	CITY-ST-		4.		
TITLE	į		TITLE	٠.			* .
NAME	• .		NAME			et.	
STREET ADDRESS	;		STREET AD	DRESS			
CITY-ST-ZIP	[CITY-ST-Z	IP _			
TITLE			TITLE	; } *			
NAME	J		NAME	· ·		•	
STREET ADDRESS			STREET AD	DRESS	DO NOT W	-	e distri
CITY-ST-ZIP			CITY-ST-	ıP .	DO NOT WI	KIIE	
TITLE			TITLE			·	
NAME			NAME		IN THIS SPA	ACE	
STREET ADDRESS			STREET AD	neess	2		ļ
CITY-ST-ZIP			CITY-ST-	l:			S .
		··					
TITLE			TITLE	1.	a de		1 47.
NAME			NAME		K. J. State of the Control of the Co		
STREET ADDRESS			STREET AD				
CITY-ST-ZIP			CITY-ST-Z	IP [and the second s		. i

11. I hereby certify that the information supplied with this film 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 1 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

John Per

John Perry
NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/28/03

(954) 363-4400

Daytime Phone #