

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000012864**1. Entity Name
TOLEDO INFOCOM, LLC

Principal Place of Business 155 SOUTH MIAMI AVENUE, SUITE NO. PH-2D MIAMI FL 33130	Mailing Address 155 SOUTH MIAMI AVENUE, SUITE NO. PH-2D MIAMI FL 33130
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1054689

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR MIAMI FL 33131 US	7. Name and Address of New Registered Agent <table border="1"><tr><td>Name</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td>City FL Zip Code</td></tr></table>	Name	Street Address (P.O. Box Number is Not Acceptable)	City FL Zip Code
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 **04/25/2001**
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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABR INFOCOM, LLC 155 SOUTH MIAMI AVENUE, PH II-D MIAMI FL 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: BRIAN G. FRIEDMAN MGRM 04/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)