LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

Sep 09, 2002 8:00 am Secretary of State DOCUMENT # L00000016274 1. Entity Name 09-09-2002 90005 003 ****50.00 G.S.M. Cell, LLC DO NOT WRITE IN THIS SPACE 978488 2. Principal Place of Business 3. Mailing Address c/o Angel F. Fernandez-Bergnes, PA c/o Angel F. Fernandez-Bergnes, PA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 7490 West Flagler Street 7490 West Flagler Street City & State City & State 4. FEI Number Miami Florida Applied For Miami Florida 65-1071484 Not Applicable Zip 33144 Country Zip 33144 Country \$5.00 Additional USA **USA** 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Angel F. Fernandez-Bergnes, PA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 7490 West Flagler Street Miami Zip Code 33144 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, typed or printed name of registered agent and title i DATE FEE IS \$50,00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE PRESIDENT TITLE NAME Antonio J. Roche MARKE STREET ADORESS 7490 West Flagier Street, Miami, FL 33144 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY ST. 7IP TITLE F mu NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST. 782 DO NOT WRITE CITY ST-ZIP me TITLE IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hereby certify that the information supplied indicated on this report is true and adcurational limited liability company or the receiver of the receiver with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 specific provided to execute this report as required by Chapter 608, Florida Statutes.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #