## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## May 02, 2003 8:00 am Secretary of State DOCUMENT # L0100005204 05-02-2003 90756 050 \*\*\*\*50.00 TOP LEVEL COMMUNICATIONS, LLC Principal Place of Business Mailing Address 5 PELICAN ISLE 5 PELICAN ISLE FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1094177 Not Applicable Zip gen gen and \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAVENDER, JOEL R ESQ. Street Address (P.O. Box Number is Not Acceptable) 507 S.E. 11TH COURT FORT LAUDERDALE FL 33316 二三名称"金"。 "我"。 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE কৰা এক শ্ৰেম্পালিক বাংলা কৰি কৰা কৰি কৰাৰ প্ৰতিষ্ঠান কৰি কৰি কৰিবলৈ কৰিবলৈ কৰিবলৈ কৰিবলৈ স্থাপিক কৰিবলৈ Signature, typed or printed name of registered agent and title if applicable of the interpretation of the inte DATE CONTROL OF THE SAME OF COMMITTEE · STAR - CARMING ELEMENTS MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE 300 (Change Addition CARDY ROXANN NAME CARSON, ROXANN N NAME 5 PELICAN ISLE STREET ADDRESS 1500 S.E. 10 STREET STREET ADDRESS CITY-SE-ZIP CITY-ST-7IP for LANDERONE FT. LAUDERDALE FL 33316 MGRM Delete Change TITLE Addition CAUTON TAMES NAME CARSON, JAMES P NAME PENCAN ISLE STREET ADDRESS STREET ADDRESS 1500 S.E. 10 STREET CITY-ST-ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP FORT LANDERDALE MGan Change ☐ Addition MGRM -TITLE " TITLE T Delete HARRISON, KEVIH HARRISON, KEVIN J NAME NAME 5 PELICAN ISLE STREET ADDRESS STREET ADDRESS 1500 S.E. 10 STREET CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33316 Addition TITLE ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.