

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90006 043 ****50.00

DOCUMENT # L01000006103

1. Entity Name

TELESOURCE EQUITIES IV, LLC



Principal Place of Business

**2410 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

Mailing Address

**2410 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-111212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROARK, MICHAEL K
221 W. SAN MARINO DR.
MIAMI BEACH FL 33139**

Name: **ROARK, MICHAEL K.**

Street Address (P.O. Box Number is Not Acceptable)

2410 HOLLYWOOD BLVD.

City **HOLLYWOOD**

FL

Zip Code **33020**

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 **ROARK, MICHAEL K**

3/25/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PD** ☐ Delete
NAME **ROARK, MICHAEL K**
STREET ADDRESS **221 W. SAN MARINO DR.**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **PD** ☒ Change ☐ Addition
NAME **ROARK, MICHAEL K**
STREET ADDRESS **2410 HOLLYWOOD BLVD**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **SIGNATURE Michael K Roark**

3/25/03

(954) 342-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)