

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92166 016 \*\*\*\*50.00

<b>DOCUMENT #</b> L01000009098 <b>1. Entity Name</b> <b>PAYSOURCE1 LLC</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> <b>999 PONCE DE LEON BLVD</b> Suite, Apt. #, etc. <b>SUITE 601</b> City & State <b>CORAL GABLES, FL</b>		<b>3. Mailing Address</b> <b>999 PONCE DE LEON BLVD</b> Suite, Apt. #, etc. <b>SUITE 601</b> City & State <b>CORAL GABLES, FL</b>	
Zip <b>33134</b>	Country	Zip <b>33134</b>	Country
<b>4. FEI Number</b> <b>65-1114413</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b> Name <b>JOHNNY TSIMOGIANNIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>999 PONCE DE LEON BLVD.</b> <b>SUITE 601</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>	
<b>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.</b> SIGNATURE <b>JOHNNY TSIMOGIANNIS</b> <span style="float: right;"><b>4/28/03</b> DATE</span> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MANAGING MEMBER</b> <b>JOHNNY TSIMOGIANNIS</b> <b>999 PONCE DE LEON BLVD, SUITE 601</b> <b>CORAL GABLES, FL 33134</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP
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<b>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.</b> SIGNATURE: <b>JOHNNY TSIMOGIANNIS</b> <span style="float: right;"><b>4/28/03</b> <b>(305) 442-1028</b></span> <small>SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date Daytime Phone #</small>			

CR2E083B (12/02)