
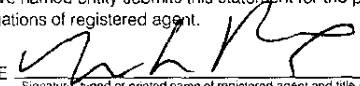
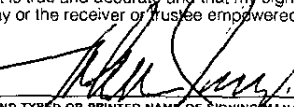


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

1

DOCUMENT # L01000009723			
1. Entity Name CSR Billing.com, LLC		FILED SEP 18 PM 12:40 TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2200 SW 10th Street Suite, Apt. #, etc.		3. Mailing Address 2200 SW 10th Street Suite, Apt. #, etc.	
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL	
Zip 33442		Zip 33442	
Country USA		Country USA	
4. FEI Number N/A		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Mark Persily			
Street Address (P.O. Box Number is Not Acceptable) 2200 SW 10th Street			
City Deerfield Beach			
FL			
Zip Code 33442			
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  Signature, typed or printed name of registered agent and title, if applicable.		DATE 9/17/03	
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Sole Member Internet Billing Company, LLC 2200 SW 10th Street Deerfield Beach, FL 33442		800023173138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 9/17/03 Daytime Phone # (954) 363-4400	

CR2E063B (12/02)



# L01000009723

(2)

ACCOUNT NO. : 072100000032

REFERENCE : 247446 4371512

AUTHORIZATION :

*Patricia Pignata*

COST LIMIT : \$ 50.00

ORDER DATE : September 18, 2003

ORDER TIME : 11:31 AM

ORDER NO. : 247446-005

CUSTOMER NO: 4371512

CUSTOMER: G. Scott Kees, Esq  
Nelson Mullins Riley &  
Suite 1400, First Union Plaza  
999 Peachtree St Ne  
Atlanta, GA 30309

FILED  
03 SEP 18 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

\*\*\* PLEASE FILE FIRST \*\*\*

NAME: CSR BILLING.COM, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#1140

EXAMINER'S INITIALS: \_\_\_\_\_

*BK*

RECEIVED  
03 SEP 18 PM 12:42  
DIVISION OF CORPORATION