

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000011643

FILED  
Mar 21, 2003  
Secretary of State

Entity Name: TSI CATV SPLICING AND INSTALLATION, LLC

**Current Principal Place of Business:**

9050 58TH DRIVE EAST  
BRADENTON, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

9050 58TH DRIVE EAST  
BRADENTON, FL 34202

**New Mailing Address:**

FEI Number: 65-1130213      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FOGO, DIANE L COO  
9050 58TH DRIVE EAST  
BRADENTON, FL 34202      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: THOMASON, ELIZABETH L PRES  
Address: 9050 58TH DRIVE EAST  
City-St-Zip: BRADENTON, FL 34202 US

Title: MGRM ( ) Delete  
Name: FOGO, DIANE L VP  
Address: 9050 58TH DRIVE EAST  
City-St-Zip: BRADENTON, FL 34202 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THOMASON, ELIZABETH L CEO  
Address: 9050 58TH DRIVE EAST  
City-St-Zip: BRADENTON, FL 34202 US

Title: MGRM (X) Change ( ) Addition  
Name: FOGO, DIANE L COO  
Address: 9050 58TH DRIVE EAST  
City-St-Zip: BRADENTON, FL 34202 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DIANE FOGO

MGRM

03/21/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date