

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90049 025 \*\*\*\*50.00

**DOCUMENT # L01000012131**

1. Entity Name  
**AMERICAN TECHNOLOGY & TELESERVICES, LLC**



Principal Place of Business      Mailing Address

**4040 SHERIDAN STREET  
HOLLYWOOD FL 33021  
US**      **4040 SHERIDAN STREET  
HOLLYWOOD FL 33021  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

20019526



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1121742**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PERLMAN, JASON E  
% GUNSTER, YOAKLEY & STEWART, P.A.  
500 EAST BROWARD BOULEVARD, SUITE 1400  
FT. LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P AUSTIN, FRASER 7 FOXFIRE ROAD HOLLYWOOD FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED*      01/24/03      954-961-6360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)