

2002 UNIFORM BUSINESS REPORT (UBR)

4/16/2002-90067-009-\$50.00-\$50.00
 * 8/13/2002-90226-017-\$50.00-\$50.00

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 OCT 31 AM 11:17 LA 11/1

DOCUMENT # L01000012836

1. Entity Name
 247 LIVE HELP LLC



Principal Place of Business
 1111 CRANDON BLVD C 806
 KEY BISCAYNE FL 33149
 13727 SW 1ST LANE
 NEWBERRY, FL 32669

Mailing Address
 PO BOX 1011
 KEY BISCAYNE FL 33149
 13727 SW 1ST LANE
 Newberry FL, 32669

2. Principal Place of Business
 13727 SW 1ST LANE

3. Mailing Address
 13727 SW 1ST LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Newberry Florida

City & State
 Newberry Florida

4. FEI Number
 65114978

Applied For
 Not Applicable

Zip
 32669

Country
 US

Zip
 32669

Country
 US

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRASSINOWER, CARLOS S
 925 CRANDON BLVD.
 KEY BISCAYNE FL 33149

Name DRASSINOWER CARLOS S
 Street Address (P.O. Box Number is Not Acceptable)
 13727 SW 1ST LANE
 City Newberry FL Zip Code 32669

13727 SW 1ST LANE
 Newberry FL 32669

I, 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 *Carlos Drassinower*

08-12-02

(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Carlos S. Drassinower	13727 SW 1ST LANE	Newberry FL 32669				
	President & CEO						

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Carlos S. Drassinower*

08-12-02 352331823

CR2E093 (4/02)