2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000021588

FILED
02 OCT 23 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
EMERALD ISLAND COMMUNICATIONS, LLC

Principal Place of Business	Mailing Address
5200 VINELAND ROAD SUITE 200 ORLANDO FL 32811	5200 VINELAND ROAD SUITE 200 ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DESHPANDE, ANIL 5200 ~~SUNCOAST~~ ROAD Vineland Road SUITE 200 ORLANDO FL 32811	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

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	SYSTEM DIRECTOR WILLIAM J. STUCKLER 365 TAFT VINELAND RD SO STE 101 ORLANDO, FL 32824 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700008548887 10/23/02--01080--004 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER SEAN FROELICH 5200 VINELAND ROAD; SUITE 200 ORLANDO, FL 32811 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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DE CR2E083 (4/02)

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 J. Stuckler 9/9/02 (407)240-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #