## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2003 8:00 am Secretary of State

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DOCUMENT # LD2 000005284								05-01-2003 90269 050 ***150.00					
dBm Comm, LLC													
DO NOT WRITE IN THIS SPACE													
2. Principal Place of Business 3. Mailing Addre													
Suite, Apt.		157 / EZ		5049 NW 5157 TEZ.			DO NOT WRITE IN THIS SPACE						
City & Stat		FEK, FL	City & State				4. FEI Numb	0400	597				
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	* .	N. 4			Name -	<del></del>	. Name and	Address of Cu	rrent Registe	red Agent			
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1000 11 15 11 E													
IN THIS SPACE SUITE 1114													
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	named entit	y submits this statementered agent.	It for the purpose of c	hanging its re	gistered office o	r registere	ed agent, or bo	oth, in the State	of Florida. I a	m familiar	with, and acce	ept	
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when renistating)  DATE													
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 A Amended UBR is \$61.25								ection Campaic			5.00 May 8		
Make Check		Florida Department											
10. <u> </u>	Manac	OFFICERS ALL	ND DIRECTORS		TITLE	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		L	<u>ATAILEAN</u> EROOM		***************************************	-   g	
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12. I hereby o	certify that the	e information supplied v	with this filing does no	ot qualify for th	e exemption sta	ted in Sec	tion 119.07(3)	(i), Florida Statı	ites, I further	certify that	the information	n	
of the cor	12. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received by trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an addressitudin all other like empowered.												
SIGNAT	URF.	MUZILIN	y/				04.	26.03	95	4420	64131	-	
SIGNATURE: 04.26.03 9544264131 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Degree Printed I											- [		