


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-01-2003 90269 050 ***150.00

DOCUMENT # <u>LD2000005284</u>	
1. Entity Name <u>d3m Comm, LLC</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5099 NW 51st TER</u> Suite, Apt. #, etc.	3. Mailing Address <u>5099 NW 51st TER.</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>COCONUT CREEK, FL</u>	City & State	4. FEI Number <u>03-0400597</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33073</u>	Country <u>USA</u>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>BUSINESS FILINGS, INC.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1000 WEST AVENUE</u>	
<u>SUITE 1114</u>	
City <u>MIAMI BEACH</u>	FL Zip Code <u>33139</u>

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 re-registering) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING PARTNER</u> <u>WILLIAM H. KISSACK</u> <u>5099 NW 51st TER</u> <u>COCONUT CREEK, FL 33073</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RICHARD MOORE</u> <u>1881 MIDDLE RNEZ DENE #302</u> <u>FT. LAUDEZDALE, FL 33305</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 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 receiver or trustee empowered 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 address with all other like empowered.

SIGNATURE: [Signature] 04.26.03 9544264131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)