


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90272 022 ****50.00

0051729

DOCUMENT # L02000005756		
1. Entity Name MARCOM RESOURCES LLC		

Principal Place of Business 745 PUESTA DEL SOL INDIALANTIC FL 32903 US	Mailing Address 745 PUESTA DEL SOL INDIALANTIC FL 32903 US
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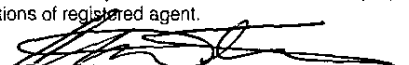
2. Principal Place of Business 4107 W. LEONA ST.	3. Mailing Address 4107 W. LEONA ST.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33629	Country U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0629367		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent WILSON, CLAIRE M 745 PUESTA DEL SOL INDIALANTIC FL 32903		7. Name and Address of New Registered Agent Name WILSON, CLAIRE M. Street Address (P.O. Box Number is Not Acceptable) 4107 W. LEONA ST City TAMPA FL Zip Code 33629


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  **CLAIRE M. WILSON (REG. AGENT)** 4/26/03
(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	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, CLAIRE M 745 PUESTA DEL SOL INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, CLAIRE M. 4107 W. LEONA ST. TAMPA, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  CLAIRE M. WILSON	4/26/03	813-835-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

CR2E083 (10/02)