LIMITED LIABILITY COMPANY 2003 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90038 048 ***150.00

DOCUMENT # L02000006696 1. Entity Name COBYCOMM LLC としひとろりつう DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 4919 SW 35 TER DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 85-0538625 City & State Not Applicable FORT LAUDERDALE \$5,00 Additional Zip Zip 33312 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Name HLBC CPA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2525 N STATE ROAD 7 #115 City HOLLYWOOD atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this the obligations of registered agen SIGNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. CR2E083B (12/02 TITLE TITLE MEMBER NAME NAME ARIE BORNSTEIN STREET ADDRESS STREET ADDRESS 4919 SW 35 TER CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FI 33312 TITLE TITLE **MEMBER** NAME. NAME YACOB NAGAR STREET ADDRESS STREET ADDRESS 4919 SW 35 TER CITY-ST-ZIP CITY-ST-ZIP. FT LAUDERDALE FL 33312 TITLE TITLE NAME NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE? TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE : NAME ... NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with his 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 anythat my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or true the empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE