
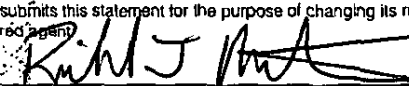
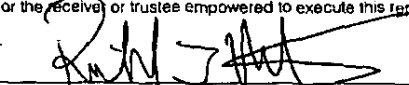


FILED
Jul 18, 2003 8:00 am
Secretary of State

07-03-2003 90001 005 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>LD2000008841</u> ✓			
1. Entity Name MASTERS COMMUNICATIONS SYSTEMS LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 7665 SOUTH TROPICAL TRAIL		3. Mailing Address 7665 SOUTH TROPICAL TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MERRITT ISLAND, FL		City & State MERRITT ISLAND, FL	
Zip 32952	Country	Zip 32952	Country
4. FEI Number 03-0436949		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name RICHARD J MASTERS	
		Street Address (P.O. Box Number is Not Acceptable) 912 PINETREE DR.	
		City MELBOURNE FL Zip Code 32937	
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: 7-13-03	
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MASTERS, RICHARD J 7665 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MASTERS, TERRY L SAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		DATE: 6-25-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

CR2E083B (12/02)

Attachment

55051465

#L02000008841

June 16, 2003

Masters Communications Systems LLC
2665 South Tropical Trail
Merritt Island, Florida 32952

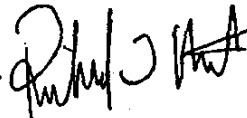
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

To Whom It May Concern:

Please accept this report as a timely filed report for Masters Communications, LLC. We are a new entity. We never received a form or notification of filing requirements.

We respectfully request that the penalty be abated.

Sincerely,



Richard Masters, Member
Masters Communications Systems LLC