

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000008841

FILED  
Sep 09, 2003  
Secretary of State

**Entity Name:** MASTERS COMMUNICATIONS SYSTEMS LLC

**Current Principal Place of Business:**

7665 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

912 PINE TREE DRIVE  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

7665 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

912 PINE TREE DRIVE  
INDIAN HARBOUR BEACH, FL 32952

**FEI Number:** 03-0436949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASTERS, RICHARD J  
912 PINETREE DR  
MELBOURNE, FL 32937 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MASTERS, RICHARD J  
Address: 7665 SOUTH TROPICAL TRIAL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM ( ) Delete  
Name: MASTERS, TERRY L  
Address: 7665 SOUTH TROPICAL TRIAL  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** RICHARD J. MASTERS

MGRM

09/09/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date