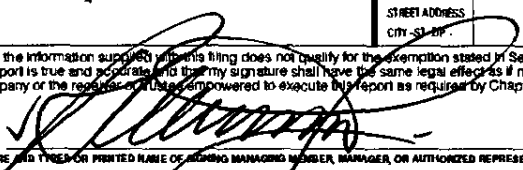


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 12 PM 2:22

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000017312					
1. Entity Name THE MEDIATION FIRM, LLC					
Principal Place of Business 1390 N.W. 16TH STREET MIAMI, FL 33125			Mailing Address 1390 N.W. 16TH STREET MIAMI, FL 33125		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-0015028				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI, FL 33133			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)					
					
9. MANAGING MEMBERS/MANAGERS					
10. ADDITIONS/CHANGES					
TITLE	MGR	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	A ABACUS BAIL BONDS, INC.			NAME	
STREET ADDRESS	1390 N.W. 16TH STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	
TITLE	MGR	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	RICK'S BAIL BONDS, INC.			NAME	
STREET ADDRESS	1390 N.W. 16TH STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	
TITLE	MGR	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	YOSVANI ALFONSO BAIL BOND AGENCY, INC.			NAME	
STREET ADDRESS	1390 N.W. 16TH STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. I hereby certify that the information supplied herein for filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 registered agent authorized to execute this report as required by Chapter 508, Florida Statutes.					
SIGNATURE:  5/7/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (1/002)