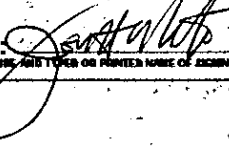


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90065 020 ***50.00

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

DOCUMENT # L02000019377			
1. Entity Name E-TEL FLORIDA, LLC			
Principal Place of Business 5260 W. IRLD BRONSON HIGHWAY, SUITE 115 KISSIMMEE, FL 34746		Mailing Address 5260 W. IRLD BRONSON HIGHWAY, SUITE 115 KISSIMMEE, FL 34746	
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 02-0635544	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1940 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ (NOTE: Registered Agent's signature is required when instituting)			
DATE _____			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, GARRY 5260 W. IRLD BRONSON HIGHWAY, SUITE 115 KISSIMMEE, FL 34746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANCE, JOHN 5260 W. IRLD BRONSON HIGHWAY, SUITE 115 KISSIMMEE, FL 34746 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN DE LEAL, JAMES 5260 W IRLD BRONSON HWY #115 KISSIMMEE FL 34746 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JON 5260 W. IRLD BRONSON HIGHWAY, SUITE 115 KISSIMMEE, FL 34746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONWAY, SIMON 5260 W. IRLD BRONSON HIGHWAY, SUITE 115 KISSIMMEE, FL 34746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 806, Florida Statutes.			
SIGNATURE  JON H. WHITE, MEMBER		01-MAY-03 407-390-0068	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

10102731



☒ CHECK HERE IF MAKING CHANGES

05032003 (10/02)