

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0031222

DOCUMENT # L02000022913

1. Entity Name  
**I.D. INTERACTIVE LLC**



**FILED**

03 APR 30 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business: **610 NORTH DIXIE HWY. LANTANA FL 33462**  
Mailing Address: **610 NORTH DIXIE HWY. LANTANA FL 33462**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

City & State: City & State

Zip: Country: Zip: Country:

4. FEI Number: **43-1972370**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PARK, MICHAEL G ESQ.  
610 NORTH DIXIE HWY.  
LANTANA FL 33462**

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 reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGR M</b>
STREET ADDRESS	<b>JON GOLOSTEIN</b>
CITY-ST-ZIP	<b>610 N DIXIE HWY LANTANA, FL 33462</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGR M</b>
STREET ADDRESS	<b>IGNACIO GERSON</b>
CITY-ST-ZIP	<b>610 N DIXIE HWY LANTANA, FL 33462</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>600017592776</b>
CITY-ST-ZIP	<b>04/30/03--01085--022 **50.00</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **JON GOLOSTEIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date: **3-21-03** Daytime Phone #: **561-582-4434**

CR2E083 (10/02)