2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L02000030394

Entity Name: ASPIRE COMMUNICATION SERVICES, LLC

Current Principal Place of Business:

480 N. ORLANDO AVE
WINTER PARK, FL 32789

New Principal Place of Business:

7345 SAND LAKE ROAD
SUITE 310
ORLANDO, FL 32819

Current Mailing Address:

480 N. ORLANDO AVE
WINTER PARK, FL 32789

New Mailing Address:

7345 SAND LAKE ROAD
SUITE 310
ORLANDO, FL 32819

FEI Number: 71-0916303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASSAR, MARK
480 N. ORLANDO AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

KASSAR, MARK
5944 MASTERS BLVD
ORLANDO, FL 32819 US

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: MARK KASSAR 04/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KASSAR, MARK R
Address: 480 N. ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM ( ) Delete
Name: NICOLA, KASSAR J
Address: 480 N. ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KASSAR, MARK R
Address: 5944 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change ( ) Addition
Name: AMY, KASSAR J
Address: 5944 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARK KASSAR MGRM 04/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date