

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90236 030 \*\*\*\*50.00

**DOCUMENT # L97000000278**

1. Entity Name

**UNICOM COMMUNICATIONS, L.L.C.**



Principal Place of Business

**17 SMOKY MOUNTAIN DR.  
FRANKLIN NC 28734**

Mailing Address

**17 SMOKY MOUNTAIN DR.  
FRANKLIN NC 28734**

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 **65-0733066**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSENTHAL, STUART S ESQ  
555 SW 12TH AVENUE  
SUITE 101  
POMPANO BEACH FL 33064-3505**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **PARKER, DENNIS**  
STREET ADDRESS **3557 NW 53RD COURT**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **MGRM** ☐ Delete  
NAME **SMOKY MOUNTAIN SYSTEMS, INC.**  
STREET ADDRESS **17 SMOKY MOUNTAIN TRAIL**  
CITY-ST-ZIP **FRANKLIN NC 28734**

TITLE **MGRM** ☐ Delete  
NAME **CHEROKEE LONG DISTANCE, INC.**  
STREET ADDRESS **HWY 19, FRONTIER SHOPPING CENTER**  
CITY-ST-ZIP **CHEROKEE NC 28719**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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.

**Charles D. D'Ascoli**

**SIGNATURE: Charles D. D'Ascoli**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-11-03 828-369-1599**

Date

Daytime Phone #

0073762

CR2E083 (10/02)