

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002067 AF

**DOCUMENT #** L98000000208

**1. Entity Name**  
GOLDEN INTERNET, LLC

**FILED**  
00 APR 10 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
2401 E. ATLANTIC BLVD., #300  
POMPANO BEACH FL 33062

**Mailing Address**  
2401 E. ATLANTIC BLVD., #300  
POMPANO BEACH FL 33062-5243

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 65-0814196 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
BIDDISCOMBE, SEAN  
2401 E. ATLANTIC BLVD., #300  
POMPANO BEACH FL 33062

**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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

|  |   |
|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | MGRM<br>GLOBAL INTERNET INFORMATION SERVICES (GIIS)<br>P.O. BOX 2067 N/A<br>ENGLEWOOD CO 80150-2067 <input type="checkbox"/> Delete   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | MGRM<br>PERSONAL COMMUNICATIONS GROUP, INC.<br>2401 E. ATLANTIC BLVD., #300<br>POMPANO BEACH FL 33062 <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Delete   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Delete   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Delete   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Delete   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Delete   |

**10. ADDITIONS/CHANGES**

|  |   |
|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**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:** SIGNATURE REQUIRED 4-5-01 954-24-4211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)