

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90143 009 *****50.00

DOCUMENT # L98000000608

1. Entity Name

INTERACTIVE SOFTWARE SYSTEMS, L.C.

Principal Place of Business

**4500 NORTH STATE ROAD 7
 SUITE 302
 FORT LAUDERDALE FL 33319**

Mailing Address

**4500 NORTH STATE ROAD 7
 SUITE 302
 FORT LAUDERDALE FL 33319**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0835057**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

HOWARD GLASS

Street Address (P.O. Box Number is Not Acceptable)

4500 NORTH STATE ROAD 7

SUITE 301

City

FT. LAUDERDALE

FL

Zip Code

33319

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 **HOWARD GLASS, PRESIDENT**

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

Howard Glass, President

(NOTE: Registered Agent signature required when reinstating)

4-17-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **ORLOVE, MICHAEL**
 STREET ADDRESS **4500 N. STATE ROAD 7, 3RD FLOOR**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33319**

TITLE **MGR** ☒ Delete
 NAME **FELDMAN, BERNARD**
 STREET ADDRESS **804 ST. ANDREWS ROAD**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **MGR** ☐ Delete
 NAME **GLASS, HOWARD**
 STREET ADDRESS **4500 N. STATE ROAD 7, 3RD FLOOR**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33319**

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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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.

SIGNATURE:

Howard Glass, President

4-17-02 954-484-4973

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

Date

Daytime Phone #

CR2E083 (9/01)