


APPROVED
AND
FILED

00 MAY -6 PM 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003616				FILED																																					
1. Entity Name STAR OF DAVID COMMUNICATIONS, L.L.C.				00 MAY -6 PM 3: 01																																					
Principal Place of Business 631 US HWY ONE SUITE 301 NORTH PALM BEACH FL 33408		Mailing Address 631 US HWY ONE SUITE 301 NORTH PALM BEACH FL 33408-4620		SECRETARY OF STATE TALLAHASSEE, FLORIDA																																					
2. Principal Place of Business		3. Mailing Address																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE																																					
City & State		City & State		4. FEI Number 65-0942170																																					
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																					
SINGER, MICHAEL S ESQ 701 NORTHPOINT PARKWAY SUITE 330 WEST PALM BEACH FL 33407				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				10. ADDITIONS/CHANGES																																					
<table><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>MGRM ROSEN, GREGG M 631 US HWY ONE SUITE 301 NORTH PALM BEACH FL 33408</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>MGRM LEGER, BERNADETTE 3814 WOODS WALK BLVD LAKE WORTH FL 33467-2358</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr></table>				TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSEN, GREGG M 631 US HWY ONE SUITE 301 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEGER, BERNADETTE 3814 WOODS WALK BLVD LAKE WORTH FL 33467-2358	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<table><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Date _____ Daytime Phone # _____																																					