

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009175

1. Entity Name
VENTURE COMMUNICATIONS, L.C.

FILED

01 JUN -5 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
9600 W. SAMPLE ROAD, SUITE 505 9600 W. SAMPLE ROAD, SUITE 505
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065



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 65-0969748

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREENBERG, JEFFREY L
GREENBERG & SCHILIAN, P.A.
1761 W. HILLSBORO BLVD., STE 201
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name Bernard Bortnick
Street Address (P.O. Box Number is Not Acceptable)
9600 West Sample Road
Suite 505
City Coral Springs FL Zip Code 33065

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 Bernard Bortnick, Partner DATE 4/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORTNICK, BERNARD 9600 WEST SAMPLE ROAD, SUITE 505 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RYAN, MABEL 9600 WEST SAMPLE ROAD, SUITE 505 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATONI, GUSTAVO 9600 WEST SAMPLE ROAD, SUITE 505 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANGUINETTI, HECTOR 9600 WEST SAMPLE ROAD, SUITE 505 CORAL SPRINGS FL 33065	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004423062-9 -06/15/01--01089-009 *****50.00 *****50.00	<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

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: Bernard Bortnick, Partner DATE 4/28/01 954-255-5992
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

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CR2E083 (11/00)