

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000117

1. Entity Name

MEGA COMMUNICATIONS OF DAYTONA BEACH, L.L.C.

FILED

01 OCT 23 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~8121 GEORGIA AVENUE, 10TH FLOOR~~
~~SILVER SPRING MD 20910~~

Mailing Address

~~8121 GEORGIA AVENUE, 10TH FLOOR~~
~~SILVER SPRING MD 20910~~

2. Principal Place of Business

337 South North Lake Blvd

3. Mailing Address

767 AFM Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2209736

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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 Department of State

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

Treasurer
Eran Schreiber
767 AFM Ave SOA FL
NY, NY - 10153

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

100004659681-2
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/21/01 212 6050800

CR2E083 (5/01)