


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90106 022 \*\*\*\*50.00

<b>DOCUMENT #</b> M00000001398	
<b>1. Entity Name</b> OMNI WASTE LLC	

<b>Principal Place of Business</b> 100 CHURCH ST KISSIMMEE FL 34741	<b>Mailing Address</b> 100 CHURCH ST KISSIMMEE FL 34741
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> P. O. Box 421613
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b> Kissimmee FL	<b>City &amp; State</b> Kissimmee FL
<b>Zip</b> 34742	<b>Country</b>



☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 31-1614969	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b> F & L CORP. 200 LAURA STREET JACKSONVILLE FL 32202	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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**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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> MEM	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> TDCOM, LLC		<b>NAME</b>	
<b>STREET ADDRESS</b> 2 RIVERPLACE, SUITE 200		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> DAYTON OH 45405		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> MEM	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MOOREHEAD, DONALD		<b>NAME</b>	
<b>STREET ADDRESS</b> 15301 SPECTRUM DR., SUITE 390		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> ADDISON TX 75001		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> MEM	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SALOPER, TIMOTHY		<b>NAME</b>	
<b>STREET ADDRESS</b> 1400 W. OAK ST., UNIT H		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> KISSIMMEE FL 34741		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** *Tim Saloper* **SIGNATURE REQUIRED** 2-5-03 407-957-7284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)