## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# M01000001692

Entity Name: NEXTIRAONE BUSINESS COMMUNICATIONS, LLC

FILED Apr 10, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:					
5 RESEARCH DR., STE. 500 SHELTON, CT 06484				4 RESEARCH DR., STE. 500 SHELTON, CT 06484					
Current Mailing Address:				New Mailing Address:					
5 RESEARCH DR., STE. 500 SHELTON, CT 06484			5	2049 CENTURY PARK EAST SUITE 2700 LOS ANGELES, CA 90067					
FEI Number: 95-486	8097 FEI Numbe	er Applied For()	FEI Numb	er Not Appl	icable ( )	Certific	ate of Status Desired ( )		
Name and Addre	ess of Current Reg	jistered Agent:	N	lame and	Address o	of New Reg	gistered Agent:		
C T CORPORAT 1200 SOUTH PIN PLANTATION, FL	IE ISLAND ROAD								
The above named in the State of Flo		statement for the po	urpose of o	changing it	ts registere	d office or	registered agent, or both	ı	
SIGNATURE:									
	Electronic Signature	e of Registered Age	nt				Date		
MANAGING ME	MBERS/MEMBER	S:	P	ADDITION	S/CHANG	ES:			
Title: Name: Address: City-St-Zip:	( ) Delete		N A	itle: lame: .ddress: city-St-Zip:	MGR NONE, NONE NONE, NO	()Change NONE NO	(X) Addition		
Title: Name: Address: City-St-Zip:	()Delete		N A	itle: lame: .ddress: :ity-St-Zip:	MGR NONE, NONE NONE, NO	()Change NONE NO	(X) Addition		
Title: Name: Address: City-St-Zip:	()Delete		N A	itle: lame: .ddress: city-St-Zip:	MGR NONE, NONE NONE, NO	( ) Change	(X) Addition		
Title: Name: Address: City-St-Zip:	( ) Delete		N A	itle: lame: .ddress: city-St-Zip:	2049 CENT	() Change , EVA M MGR URY PARK E LES, CA 900	R AST, SUITE 2700		
Title: Name: Address: City-St-Zip:	()Delete		N A	itle: lame: .ddress: city-St-Zip:	MGR NONE, NONE NONE, NO	( ) Change	(X) Addition		
Title: Name: Address: City-St-Zip:	( ) Delete		N A	itle: lame: .ddress: city-St-Zip:	MGR NONE, NONE NONE, NO	( ) Change	(X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EVA M. KALAWSKI MGR 04/10/2002