

# 2002 UNIFORM BUSINESS REPORT (UBR)

03-05-2002 90015 024 \*\*\*\*50.00  
 MO1000002306

DOCUMENT # **MO1000002306**

1. Entity Name

**VISIA COMMUNICATIONS, LLC**

02 MAR 25 PM 2:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business

**480 FENTRESS BLVD., SUITE M  
 DAYTONA BEACH FL 32114**

Mailing Address

**480 FENTRESS BLVD., SUITE M  
 DAYTONA BEACH FL 32114**

2. Principal Place of Business

*Same*

3. Mailing Address

*P.O. Box 9067*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Daytona Beach, FL*

4. FEI Number

**APPLIED FOR**

Applied For

*59-3705192*

Not Applicable

Zip

Country

Zip

Country

*32120-9067*

*U.S.A.*

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
 528 E. PARK AVENUE  
 TALLAHASSEE FL 32301**

Name *Beth Wieler*

Street Address (P.O. Box Number is Not Acceptable)  
*480 Fentress Blvd. Suite M*

City *Daytona Beach*

**FL**

Zip Code

*32114*

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

*Beth Wieler*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/12/02*

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
 NAME **BUTLER, DAVID**  
 STREET ADDRESS **480 FENTRESS BLVD., SUITE M**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **MGR** ☐ Delete  
 NAME **KOHLISHEIBER, ED**  
 STREET ADDRESS **480 FENTRESS BLVD., SUITE M**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Beth Wieler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*2/12/02* *386-258-1701*  
*X-300*

CR2E083 (9/01)