

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90062 039 ****50.00

DOCUMENT # M01000002859

1. Entity Name

EVERCLEAR COMMUNICATIONS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12200 Chandler Drive

Suite, Apt. #, etc.

3. Mailing Address

25 McCracken Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Walton, KY

Zip

41094

Country

USA

City & State

New Castle, PA

Zip

16101

Country

USA

4. FEI Number

61-1357413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CSC

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St.

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

Laura R. Dunlap - Registered Agent - Corporate Service Co. 2-10-02

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kerry S. Babin / Manager 12200 Chandler Dr. Walton, KY 41094	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph M. Giordano / Manager 12200 Chandler Dr. Walton, KY 41094	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James M. Ginocchi / Manager 25 McCracken Lane New Castle, PA 16101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas J. Giordano 25 McCracken Lane New Castle, PA 16101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

 James M. Ginocchi

2-10-02

246525055

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

Date

Daytime Phone #

CR2E083B (12/01)