

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # M02000001500</b>			
1. Entity Name <b>ECONODIAL, LLC</b>			
Principal Place of Business 3611 FOURTEENTH AVE. BROOKLYN, NY 11218		Mailing Address 3611 FOURTEENTH AVE. BROOKLYN, NY 11218	
2. Principal Place of Business		3. Mailing Address <b>1720 Windward Concourse</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 250</b>	
City & State		City & State <b>Alpharetta, GA</b>	
Zip	Country	Zip	Country
<b>30005</b>		<b>30005</b>	<b>Forsyth</b>
4. FEI Number <b>11-3641483</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TCS CORPORATE SERVICES, INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent name is required when electing) DATE</small>			
FILE NOW WITH FEES OF \$50.00 MAKE CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE Due By May 15, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>Manager David Biniachvili 3611 Fourteenth Ave. Brooklyn, NY 11218</b>	
		<b>Manager Michael Robinson 3611 Fourteenth Ave. Brooklyn, NY 11218</b>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:		<b>MR. ROBINSON 4-20-03 718 688 4823</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

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CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)