

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000000951

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Entity Name:** OSCOM COMMUNICATIONS, LLC

**Current Principal Place of Business:**

1201 PIPER BLVD #7  
NAPLES, FL 34110

**New Principal Place of Business:**

14661 BEAUFORT CIR  
NAPLES, FL 34119

**Current Mailing Address:**

1201 PIPER BLVD #7  
NAPLES, FL 34110

**New Mailing Address:**

14661 BEAUFORT CIR  
NAPLES, FL 34119

**FEI Number:** 20-4107012      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CAPOBIANCO, BRUCE J  
14661 BEAUFORT CIRCLE  
NAPLES, FL 34119    US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CAPOBIANCO, BRUCE  
**Address:** 14661 BEAUFORT CIRCLE  
**City-St-Zip:** NAPLES, FL 34119

**Title:** MGRM  
**Name:** CAPOBIANCO, NICOLE H  
**Address:** 14661 BEAUFORT CIRCLE  
**City-St-Zip:** NAPLES, FL 34119

I hereby 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: BRUCE CAPOBIANCO

MGMR

05/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date