

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010492 AF

DOCUMENT # M97000000202

1. Entity Name

SOUTH FLORIDA TRANSPONDER SERVICES, L.L.C.

APPROVED  
AND  
FILED

01 FEB -2 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7291 NORTHWEST 74TH STREET  
MEDLEY FL 33166

Mailing Address

7291 NORTHWEST 74TH STREET  
MEDLEY FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0712763

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME SPRECHMAN, DAVID  
STREET ADDRESS 7291 NORTHWEST 74TH STREET  
CITY-ST-ZIP MEDLEY FL 33166

☐ Change ☐ Addition  
000003662780--0  
-02/09/01--01012--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME BEHAR, ROBERT  
STREET ADDRESS 7291 NORTHWEST 74TH STREET  
CITY-ST-ZIP MEDLEY FL 33166

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME MCBRIDE, W. GARY  
STREET ADDRESS 10360 USA TODAY WAY  
CITY-ST-ZIP MIRAMAR FL 33025

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME FRANCHI, JOSE E  
STREET ADDRESS 10360 USA TODAY WAY  
CITY-ST-ZIP MIRAMAR FL 33025

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TB ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (11/00)