

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000433

1. Entity Name  
EPSP COMMTEALNT SERVICES LLC

Principal Place of Business  
2835 NORTH NAOMI STREET  
BURBANK CA 91504

Mailing Address  
C/O LAW OFFICES OF JAMES DONOVAN  
515 S. FIGUEROA STREET, SUITE 1000  
LOS ANGELES CA 90071-3327

FILED

01 FEB 12 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 88-0391089

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 NAME MGR DRANEY, ROBERT W ☐ Delete  
STREET ADDRESS 410 NEVADA HIGHWAY, SUITE 200  
CITY-ST-ZIP BOULDER CITY NV 89005

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

TITLE NAME MGR PETERSON, JACK L ☐ Delete  
STREET ADDRESS 410 NEVADA HIGHWAY, SUITE 200  
CITY-ST-ZIP BOULDER CITY NV 89005

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

TITLE NAME MGR DONOVAN, JAMES M ☐ Delete  
STREET ADDRESS 515 S. FIGUEROA ST., STE. 1000  
CITY-ST-ZIP LOS ANGELES CA 90071

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
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: James M. Donovan James M. Donovan, Manager 2/5/01 (213) 629-4861

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

Date

Daytime Phone #

0031261 AF

CR2E083 (11/00)