

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90007 016 \*\*\*\*50.00

**DOCUMENT # M98000000433**

**1. Entity Name**  
**EPSP COMMTELENT 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**

**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**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

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

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

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

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

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

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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**NAME**  
**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 2/19/02 (213) 629-4861**

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

Date

Daytime Phone #

CR2E083 (9/01)