

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001344

1. Entity Name

INTERACTIVE COMMUNICATIONS, LLC

FILED

00 JAN 19 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1795 N. BUTTERFIELD
LIBERTYVILLE IL 60048

Mailing Address

1795 N. BUTTERFIELD
LIBERTYVILLE IL 60048-1238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4220838

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 NAME MGRM HOLCOMB, RICHARD D ☐ Delete
STREET ADDRESS 1795 N. BUTTERFIELD
CITY- ST- ZIP LIBERTYVILLE IL 60048

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

TITLE NAME MGRM WILLIAM, LIND ☐ Delete
STREET ADDRESS 1795 N. BUTTERFIELD
CITY- ST- ZIP LIBERTYVILLE IL 60048

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003112296-7
CITY- ST- ZIP -01/27/00--01015--015
*****50.00 *****50.00

TITLE NAME MGRM WONDERLIC, CHARLES F JR. ☐ Delete
STREET ADDRESS 1795 N. BUTTERFIELD
CITY- ST- ZIP LIBERTYVILLE IL 60048

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

TITLE NAME MGRM CLONTS, WINIFRED ☐ Delete
STREET ADDRESS 1795 N. BUTTERFIELD
CITY- ST- ZIP LIBERTYVILLE IL 60048

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/10/2000

(847)
680-4900