

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

1

00 OCT 18 PM 12:50
-SECRETARY OF STATE-
TALLAHASSEE, FLORIDA

DOCUMENT # 11980000001448

1. Entity Name

Mega Communications of Dale City, L.L.C.

Principal Place of Business *Mega Communications, Mailing Address of STPEU, W466*
1915 N. Dale Mabry Hwy.
Suite 200
Tampa, FL 33607

2. Principal Place of Business

1915 N. Dale Mabry Hwy.
Suite 200

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33607

Country

USA

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

1999-2000

4. FEI Number

232976366

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

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

BRIAN COURTNEY, ASST. VP.

10/18/00

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

TITLE NAME ☐ Delete
MGRM
MEGA Communications, L.L.C.
STREET ADDRESS 1915 N. Dale Mabry Hwy #200
CITY-ST-ZIP Tampa, FL 33607

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003428516--7
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

10/18/00 813-871-1819

Date

Daytime Phone #

CD7EN03 141mm



ACCOUNT NO. : 072100000032

REFERENCE : 867243 4327451

AUTHORIZATION :

COST LIMIT : \$ 205.00

ORDER DATE : October 18, 2000

ORDER TIME : 10:02 AM

ORDER NO. : 867243-005

CUSTOMER NO: 4327451

CUSTOMER: Brian Malady, Esq
FLEISCHMAN AND WALSH, L.L.P.
FLEISCHMAN AND WALSH, L.L.P.
1400 Sixteenth Street, N.w.

Washington, DC 20036

RECEIVED
00 OCT 18 AM 11:23
DIVISION OF CORPORATION

REINSTATEMENT

NAME: MEGA COMMUNICATIONS OF DADE
CITY, L.L.C.

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

EXAMINER'S INITIALS: _____