

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001136

1. Entity Name

TELEDIMENSIONS INTERNATIONAL LLC

Principal Place of Business

Mailing Address

544 E 12TH STREET
CINCINNATI OH 45210

544 E 12TH STREET
CINCINNATI OH 45210

2. Principal Place of Business

5253 WOOSTER RD.

3. Mailing Address

5253 WOOSTER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CINCINNATI OH.

City & State

CINCINNATI OH

Zip 45226

Country

Zip 45226

Country

4. FEI Number

31-1633862

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MGRM
GOSENS, MARC
544 E 12TH STREET
CINCINNATI OH 45210

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MGRM
MARC GOSENS
5253 WOOSTER RD
CINCINNATI OH 45226

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MGRM
REX STULL
5253 WOOSTER RD
CINCINNATI OH 45226

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SECRETARY
AMIR ELYORDI
5253 WOOSTER RD
CINCINNATI OH 45226

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

000004540630--3
-08/17/01--01086--001

*****60.00 *****55.00

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

7-24-01 513-781-9777

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

Date

Daytime Phone #

CR2E083 (5/01)

PLEASE CHECK HERE