

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M99000001136

FILED
Feb 12, 2003
Secretary of State

Entity Name: TELEDIMENSIONS INTERNATIONAL LLC

Current Principal Place of Business:

5253 WOOSTER RD.
CINCINNATI, OH 45226

New Principal Place of Business:

Current Mailing Address:

5253 WOOSTER RD.
CINCINNATI, OH 45226

New Mailing Address:

FEI Number: 31-1633862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPLETON, WILLIAM
C/O A.G.C., CO.
200 S. ORANGE AVE., 2ND FLOOR
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOOSSENS, MARC
Address: 5253 WOOSTER RD.
City-St-Zip: CINCINNATI, OH 45226

Title: MGRM () Delete
Name: STULL, REX R
Address: 5253 WOOSTER RD.
City-St-Zip: CINCINNATI, OH 45226

Title: S () Delete
Name: AMIR EL YORDI,
Address: 5253 WOOSTER RD.
City-St-Zip: CINCINNATI, OH 45226

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: EL YORDI, AMIR
Address: 5253 WOOSTER RD.
City-St-Zip: CINCINNATI, OH 45226

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARC GOOSSENS

MGRM

02/12/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date