

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001528

1. Entity Name
DIGITAL LEASING, L.L.C.

FILED

00 APR -4 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**633 SOUTH FEDERAL HIGHWAY, SUITE 400
FORT LAUDERDALE FL 33301**

Mailing Address
**633 SOUTH FEDERAL HIGHWAY, SUITE 400
FORT LAUDERDALE FL 33301-3132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0950569

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

**KATES, JASON M
633 SOUTH FEDERAL HIGHWAY, SUITE 400
FORT LAUDERDALE FL 33301**

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
STREET ADDRESS
CITY- ST- ZIP
**MGRM
RETAIL MEDIA SYSTEMS, INC.
633 S. FEDERAL HWY., STE. 400
FT. LAUDERDALE FL 33301** ☐ Delete

☐ Change ☐ Addition
**6000003189096--9
-03/30/00--01003--018
*****50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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☐ 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: By: **RETAIL MEDIA SYSTEMS, INC., Managing Member**
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
JASON KATES, President

3/14/00
Date

(954) 525-6464
Daytime Phone #

CR2E083 (9/99)