

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 12 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001895

1. Entity Name
LICENT CAPITAL, LLC

Principal Place of Business
100 JERICHO QUADRANGLE
JERICHO NY 11753

Mailing Address
100 JERICHO QUADRANGLE
JERICHO NY 11753-2708



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

11-3489665

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

KARABEL, SIDNEY
3187 N. STATE ROAD 7
MARGATE FL 33063

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 | <input type="checkbox"/> Delete |
|-----------|--------------------|------------------------|------------------------------|---------------------------------|
| President | Talk Ross | 4 Red Fox Lane | Upper Brookville, NY 11545 | <input type="checkbox"/> |
| CEO | Robin Ross | 4 Red Fox Lane | Upper Brookville, NY 11545 | <input type="checkbox"/> |
| | Sidney Karabel | 4928 New South Road | Coral Springs, Florida 33067 | <input type="checkbox"/> |
| | Conrad J. DeSantis | 12 Dogwood Lane | Rye, New York 10580 | <input type="checkbox"/> |
| | Bradley Mash | 35 Chestnut Hill Drive | Upper Brookville, NY 11771 | <input type="checkbox"/> |
| | Peter Mash | 875 Fifth Avenue | New York, New York 10021 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

4/18/00

Date

516-656-3484

Daytime Phone #

CR 10-3 (9/97)