

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 13 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000002078

1. Entity Name
FORESIGHT TECHNOLOGY, LLC

Principal Place of Business Mailing Address
606 SOUTH MILITARY TRAIL SAME
DEERFIELD BEACH, FL 33442

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1087916 Applied For Not Applicable
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
Name WILLIAM F. BURBANK
Street Address (P.O. Box Number is Not Acceptable) 606 SOUTH MILITARY TRAIL
City DEERFIELD BEACH FL Zip Code 33442

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) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MEMBER - MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELECO, INC.		NAME		
STREET ADDRESS	430 WOODRUFF RD. SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE, SC 29607		CITY-ST-ZIP		
TITLE	MEMBER - MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM F BURBANK		NAME		
STREET ADDRESS	6482 MARBLETREE LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	MEMBER - MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE FERRER		NAME		
STREET ADDRESS	924 S.W. 19TH ST.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # 954-427-1099

CR2E083 (11/99)