

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90986 036 ***158.75

DOCUMENT # P01000117888



1. Entity Name
LIBERTY ONLINE SERVICES, INC.

Principal Place of Business
12555 ORANGE DRIVE
SUITE 205
DAVIE FL 33330

Mailing Address
12555 ORANGE DRIVE
SUITE 205
DAVIE FL 33330

2. Principal Place of Business
11900 Biscayne Blvd.
Suite, Apt. #, etc.
Suite 262

3. Mailing Address
11900 Biscayne Blvd.
Suite, Apt. #, etc.
Suite 262

City & State
Miami, FL

City & State
Miami, FL

Zip
33181

Country
USA

Zip
33181

Country
USA

4. FEI Number **01-0554761**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GAMBONE, DEBORAH ESQ
11900 BISCAYNE BLVD., STE. 262
MIAMI FL 33181

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|--------------------|-------------------------------|----------------|-------------------------------------|
| P | RHODES, WILLIAM JR | 12555 ORANGE DRIVE, SUITE 205 | DAVIE FL 33330 | <input type="checkbox"/> |
| S | GREENMAN, IRVING | 12555 ORANGE DRIVE, SUITE 205 | DAVIE FL 33330 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-----------------|---------------------------------|-----------------|--------------------------|-------------------------------------|
| S | Deborah Gambone | 11900 Biscayne Blvd., Suite 262 | Miami, FL 33181 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | William Rhodes | 11900 Biscayne Blvd., Suite 262 | Miami, FL 33181 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | Irving Greenman | 11900 Biscayne Blvd., Suite 262 | Miami, FL 33181 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | Martin Miller | 11900 Biscayne Blvd., Suite 262 | Miami, FL 33181 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 305-503-8602

CR2E034 (10/02)