


# 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.**

3. Mailing Address  
**11900 Biscayne Blvd.**

Suite, Apt. #, etc.  
**Suite 262**

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**

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 \_\_\_\_\_ (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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Deborah Gambone</b> <b>11900 Biscayne Blvd., Suite 262</b> <b>Miami, FL 33181</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>William Rhodes</b> <b>11900 Biscayne Blvd., Suite 262</b> <b>Miami, FL 33181</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Irving Greenman</b> <b>11900 Biscayne Blvd., Suite 262</b> <b>Miami, FL 33181</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Martin Miller</b> <b>11900 Biscayne Blvd., Suite 262</b> <b>Miami, FL 33181</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

**SIGNATURE:** *[Signature]* **4/28/03** **305-503-8602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)