

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90179 007 \*\*\*150.00

**DOCUMENT # P96000064413**

1. Entity Name  
**LIMESTONE COMMUNICATIONS INC.**

Principal Place of Business 2625 PONCE DE LEON BLVD CORAL GABLES FL 33134	Mailing Address 2625 PONCE DE LEON BLVD CORAL GABLES FL 33134-6018
---	--

0 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4300 Southwest 73rd Ave. Suite, Apt. #, etc. 107B	3. Mailing Address 4300 Southwest 73rd Ave. Suite, Apt. #, etc. 107B
---	---

City & State Miami, FL 33155	City & State Miami, FL 33155
---------------------------------	---------------------------------

4. FEI Number 65-0691836	Applied For Not Applicable
-----------------------------	-------------------------------

Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
----------------	----------------	--

6. Name and Address of Current Registered Agent  
**PRISENDORF, JUSTIN**  
 2625 PONCE DE LEON BLVD  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
 Name  
**Prisendorf, Justin**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4300 Southwest 73rd Ave., Suite 107B**  
 City  
**Miami** FL Zip Code  
**33155**

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 *Justin Prisendorf* DATE 4/12/00  
Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRISENDORF, JUSTIN</b>		NAME <b>PRISENDORF, JUSTIN</b>	
STREET ADDRESS <b>2625 PONCE DE LEON BLVD</b>		STREET ADDRESS <b>4300 Southwest 73rd Ave., Suite 107B</b>	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		CITY-ST-ZIP <b>Miami, FL 33155</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRISENDORF, ALEXIS</b>		NAME <b>PRISENDORF, ALEXIS</b>	
STREET ADDRESS <b>2625 PONCE DE LEON BLVD</b>		STREET ADDRESS <b>4300 Southwest 73rd Ave., Suite 107B</b>	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		CITY-ST-ZIP <b>Miami, FL 33155</b>	
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	
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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Justin Prisendorf* **JUSTIN PRISENDORF** DATE 4/12 DAYTIME PHONE # (305) 460-9010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E038 (9/99)