2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000050556**

1. Entity Name

LIVE WIRE CONNECTION, INC.



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

04-28-2003 90229 019 ***150.00

Principal Place 8600 SW 133RI #313 MIAMI FL 33183	D AVENUE/RO		Mailing Address PO BOX 654926 MIAMI FL 33265									
2. Principal Place of Business				3. Mailing Address					1 (MB11401 118 18110 1911 8611 8911	# 6111 56 121	(1) EDIS ! E 11 61	91118 8111 6581
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	4. FEI Number 65-0926231 Applied F Not Applie				
Zip	Country			Zip					Certificate of Status Desired		\$8.75 Add Fee Require	d
	6: Name	and Addi	ess of Current F	Registere	d Agent -			71	Name and Address of New Re	gistered A	gent -	
ODDETT C	NII AMA						Name					
ORRETT, SILVIA 8600 SW 133RD AVENUE/ROAD							Street Address (P.O. Box Number is Not Acceptable)					
#313												
MIAMI FL 33183							City	FL Zip Code				
	named entity			the purp	ose of changing its	registere	I ed office or regist	tered ag	gent, or both, in the State of Flor	ida. I am f	amiliar with,	and accept
SIGNATURE _	one or region	, ou ago										
SIGNATURE _	Signature, typed o	or printed nan	ne of registered agent a	nd title if app	licable. (NOTE	: Registere	d Agent signature requi	red when re	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				-					9. Election Campaign Finance Trust Fund Contribution			00 May Be d to Fees
	Payable to		Department of DEFICERS AND I			11.		ΔΓ	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 11
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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 appendix like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 Date

305-408-68-99