## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P99000063595** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name LEC AUDIOTEXT SERVICES, INC. 04-27-2000 90123 029 \*\*\*150.00 Principal Place of Business Mailing Address 855 S.W. 78TH AVE. 855 S.W. 78TH AVE. PLANTATION FL 33324-3264 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0936338 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARDES, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 855 S.W. 78TH AVE. PLANTATION FL 33324 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE LIEBOWITZ, TED NAME NAME STREET ADDRESS 855 S.W. 78TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **PLANTATION FL 33324** ☐ Change ☐ Addition TITLE ☐ Detete PARDES, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 855 S.W. 78TH AVE. CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change Delete TITLE MARKOWITZ, HOWARD NAME NAME STREET ADDRESS STREET ADDRESS 855 S.W. 78TH AVE. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Change Addition TITLE ☐ Delete TITLE LIEBOWITZ, SARA NAME NAME STREET ADDRESS STREET ADDRESS 855 S.W. 78TH AVE. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Delete TITLE Change Addition TITLE NAME BRAFF, NELSON STREET ADDRESS STREET ADDRESS 855 S.W. 78TH AVE. CITY-ST-ZIP CITY-ST-7IP **PLANTATION FL 33324** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

> 954 453 7010 Daytime Phone #

Date

4/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: