

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

00143293 AI

DOCUMENT # F01000001626

1. Entity Name
LEGAL ZOOM NEVADA, INC.

02-05-2002 90117 019 ***150.00

Principal Place of Business Mailing Address
639 NORTH LARCHMONT AVE., SUITE 107 **639 NORTH LARCHMONT AVE., SUITE 107**
LOS ANGELES CA 90004 **LOS ANGELES CA 90004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
395 Alhambra Circle **589 N. Larchmont Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 301 **2nd Floor**

City & State City & State
Coral Gables, FL **Los Angeles, CA**

4. FEI Number Applied For
95-2073977 Not Applicable

Zip Country Zip Country
33134 **USA** **90004** **USA**

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FEDERICO MACIA, P.A.
395 ALHAMBRA CIRCLE, SUITE 310
CORAL GABLES FL 33134

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.

SIGNATURE _____ DATE _____
Signature, typed 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, 2002 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	PST	<input type="checkbox"/> Delete
NAME	HARTMAN, EDWARD	
STREET ADDRESS	639 NORTH LARCHMONT AVE., SUITE 107	
CITY-ST-ZIP	LOS ANGELES CA 90004	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HARTMAN, EDWARD	
STREET ADDRESS	639 NORTH LARCHMONT AVE., SUITE 107	
CITY-ST-ZIP	LOS ANGELES CA 90004	
TITLE	V	<input type="checkbox"/> Delete
NAME	LIU, BRIAN	
STREET ADDRESS	639 NORTH LARCHMONT AVE., SUITE 107	
CITY-ST-ZIP	LOS ANGELES CA 90004	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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: SIGNATURE REQUIRED Brian Liu 1/7/02 (323) 962-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/01)