LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010508

1. Entity Name

NETWORK VERITAS LLC

FILED
03 FEB 18 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9415 SUNSET DRIVE	9415 SUNSET DRIVE
Suite, Apt. #, etc. 218	Suite, Apt. #, etc. 218
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33173 Country U.S.	Zip 33173 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3054095 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ERIC KAPLAN
Street Address (P.O. Box Number is Not Acceptable): 9415 SUNSET DRIVE, SUITE 218
City: MIAMI FL Zip Code 33173

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 ________ 1/14/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

01/21/03 90323 013 -* 50.00
[illegible]

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ELLEN KAPLAN 9415 SUNSET DRIVE, SUITE 218 MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ellen J Kaplan 1/14/03 305-670-0640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #