

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90011 036 ****55.00

DOCUMENT #

1. Entity Name

Ultra Rhythm - Doc. # L00000011689

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 160940

Suite, Apt. #, etc.

3. Mailing Address

3311 Hollyhock CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs, FL

City & State

Orlando, FL

4. FEI Number

Applied For

Not Applicable

Zip

32716

Country

USA

Zip

32812

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Autumn Newburn

Street Address (P.O. Box Number is Not Acceptable)

3311 Hollyhock CT.

City

Orlando

FL

Zip Code

32812

**DO NOT WRITE
IN THIS SPACE**

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

Autumn R. Newburn

Signature, typed or printed name of registered agent and title if applicable.

4/28/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

~~N/A~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
John Rutherford
3311 Hollyhock CT
Orlando, FL 32812

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
Autumn Newburn
3311 Hollyhock CT.
Orlando, FL 32812

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
Jerome Letang
P.O. BOX 160940
Altamonte Springs, FL 32716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Autumn R. Newburn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/02

Date

Daytime Phone #

408-877-559-4145

CR2E083B (12/01)