


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

5/21

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90584 045 \*\*\*\*50.00

<b>DOCUMENT # L02000020427</b>			
1. Entity Name <b>S2 TECHNOLOGIES, LLC</b>			
Principal Place of Business <b>17939 LAKE ESTATES DRIVE BOCA RATON FL 33496</b> <i>5375 N. Hialeah Rd.</i>		Mailing Address <b>17939 LAKE ESTATES DRIVE BOCA RATON FL 33496</b>	
2. Principal Place of Business Suite, Apt. #, etc. <i>Sunrise, Florida</i> City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip <i>33351</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent <b>SOBEL, SAM 17939 LAKE ESTATES DRIVE BOCA RATON FL 33496</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> <b>Samuel R. Sobel, Majority Member</b> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<i>Majority Member President</i> <i>Samuel R. Sobel</i> <i>17939 Lake Estates Drive</i> <i>Boca Raton, FL 33496</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<i>Minority Member</i> <i>Daniel F. Sparrow</i> <i>7705 Solimar Circle</i> <i>Boca Raton, FL 33433</i> <i>Chief Technical Officer</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		SIGNATURE: <i>Samuel R. Sobel, Majority Member</i> 4-29-03 (954) 849-3100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

CR2E083 (10/02)

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CHECK HERE IF MAKING CHANGES