

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90033 001 ****50.00

DOCUMENT # L98000002704

1. Entity Name

SPECIAL MARKETS-AMERICA DIRECT, LC

Principal Place of Business

2775 VIA DE LA VALLE, STE. 206
 DEL MAR CA 92014

Mailing Address

2775 VIA DE LA VALLE, STE. 206
 DEL MAR CA 92014

2. Principal Place of Business

3. Mailing Address

2683 VIA DE LA VALLE

2683 VIA DE LA VALLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE G

SUITE G

City & State

City & State

DEL MAR, CA

DEL MAR, CA

Zip

Country

Zip

Country

92014 USA

92014 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0829645

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMAN, JEROME A P.A.
 7119 WEST BROWARD BLVD
 PLANTATION FL 33317

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLAVIN, RANDALL E 2775 VIA DE LA VALLE, STE. 206 DEL MAR CA 92014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

[Handwritten Signature]

RANDALL E. SLAVIN, MGR

Date

Daytime Phone #

8584816266

CR2E083 (9/01)