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

## DOCUMENT # M0200000915

## PYRAMID NETWORK SERVICES, LLC



## **FILED** Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90082 038 \*\*\*\*50.00

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Principal Pla	ce of Business	Mailing Address			<u> </u>				
5786 WIDEWATERS PKWY. DEWITT NY 13214-0003			5786 WIDEWATERS PKWY. DEWITT NY 13214-0003						
2. Principal	Place of Business	3. Mailing Address		, ,,,					
Cuite And Hall						DON (NI BRICH ISON ORSK B	FIAT A BOOK BARNA		I ARBOR DAN ABDA
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HER	E IF MAKIN	NG CHANGE	S.
City & State		City & State	City & State		4. FEI Number   Applied For   Not Applied For				
Zip	Country	Zip	Country			te of Status Desired		\$5.00 A Fee Requi	dditional
6. Name and Address of Current		rent Registered Agent			7. Name ar	nd Address of New	Registered		
СТ	CODDODATION SYSTEM	-	Name	-					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD.			Street Addres		P.O. Box Num	ber is Not Acceptab	le)	-	
PU	NTATION FL 33324								
			City	•		<del></del>	FI		
<ol><li>The above the obligat</li></ol>	named entity submits this stateme tions of registered agent.	ent for the purpose of changing	its registered office or	r registere	d agent, or b	oth, in the State of F	lorida. I am	n familiar with	, and accept
SIGNATURE	ions of registered agent.								,
	Signature, typed or printed name of registered a	agent and title if applicable. (N	NOTE: Registered Agent signate	ure required v	when reinstating)	<del></del>	DATE		
		Make Check Pays	NOW!!! FEE IS \$ able to Florida Dep Due By May 1, 200	50.00 partmen					
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SIGNXI SIGNATURE:

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