

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *A29828*  
 1. Entity Name  
*Saw - Ban, Ltd*

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 JUN 13 PM 1:33

Principal Place of Business Mailing Address  
*3195 N. Powerline Rd Suite 104 3195 N. Powerline Rd Suite 104*  
*Suite 104 Pompano Beach, FL 33069 Pompano Beach, FL 33069*

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <i>65-0184621</i>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
*Brenner, Scott*  
*3195 N. Powerline Rd Suite 104*  
*Pompano Beach, FL 33069*

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <i>\$5,197,500.00</i>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<i>DIG USA, Inc</i> <i>7601 Dunleer Way</i> <i>Dallas, TX 75248</i>	STREET ADDRESS	<i>FF \$ 526.25</i> <i>CUS 8.75</i>
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	<i>800003287258-4</i>
NAME		CITY-ST-ZIP	<i>06/13/00 01070 002</i>
STREET ADDRESS			<i>***1093.75 ****535.00</i>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* 5/24/00 (954)978-9968  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)