

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29828**

1. Entity Name

SAW-BAN, LTD.

Principal Place of Business

**3195 N. POWERLINE RD., STE. 104
POMPANO BEACH FL 33069**

Mailing Address

**3195 N. POWERLINE RD., STE. 104
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

65-0184621

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

FILED
02 MAR 13 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

**BRENNER, SCOTT
3195 N. POWERLINE ROAD, SUITE 104
POMPANO BEACH FL 33069**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions as Shown on record.

\$5,197,500.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # **M95525**
NAME **DIG-USA, INC.**
STREET ADDRESS **7601 DUNLEER WAY**
CITY-ST-ZIP **DALLAS TX 75248**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100005135171--5
-03/13/02--01075--005
*******535.00 *****535.00**

BK

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)