2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000189

1. Entity Name

Commerce thru Digital Technology LLC

FILED

01 MAY 31 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8517 South Park Circle Suite 290 Orlando FL 32819	

2. Principal Place of Business	3. Mailing Address
8517 South Park Circle	
Suite, Apt. #, etc.: 290	Suite, Apt. #, etc.:
City & State: Orlando FL	City & State:
Zip: 32819 / Country: Orange	Zip: / Country:

DO NOT WRITE IN THIS SPACE

MJM

4. FEI Number: 59-3572970 ☐ 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
Kim de Beyer 8517. S. Park Circle Suite 290 Orlando FL 32819	Name: Agents and Corporations, Inc Street Address (P.O. Box Number is Not Acceptable): 773 4th Avenue North Suite E City: Naples FL Zip Code: 34102

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] 5/28/01

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

100004430281--7
-06/19/01--01083--013
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO M. Rivers 8517 S. Park Circle, Suite 290 Orlando FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: [signature] Rivers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #