Mar 12, 2002 8:00 am

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Secretary of State L00000000553 **DOCUMENT #** 01-24-2002 90003 028 ****50.00 1. Entity Name INTERNETWORKS, L.L.C. DO NOT WRITE IN THIS SPACE. 2. Principal Place of Business 777 E.ATLANTIC ME Mailing Address Suite, Apt. #, etc. ♣ Z - 181 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-097 S094 City & State
DELRAY City & State Applied For BEACH Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name TOM DENT DO NOT WRITE Street Address (P.O.: Box Number is Not Acceptable) IN THIS SPACE 904 SW 5TH AVZ City PSYNTON BEACH 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. Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGER 9. MEMBER TITLE MGRM THE MALE TOM DENT NAME. STREET ADDRESS 904 SW 5TH AV 3 STREET ADDRESS CITY, ST. AP BOYNTON BOACH FE 33426 CTTY-ST-ZIP TITLE MLE MALE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE . NAME NAMÉ . STREET ADDRESS STREET ADDRESS _ QITY-5T-7IP _ CITY:ST 20;== TITLE MAAD NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZP TITLE nné NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ต่างรางค TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CTY-51-782 CITY-ST-ZIP 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 enfowered to execute this report as required by Chapter 608, Florida Statutes. IOM DENT 1/11/2002 361-364-4341 SIGNATURE: Daytime Phone #