

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90045 047 \*\*\*\*50.00

**DOCUMENT # L00000000866**

1. Entity Name  
INFONETWORLD.COM, L.L.C.



Principal Place of Business  
2250 WESTBOURNE DRIVE  
OVIEDO, FL 32765

Mailing Address  
2250 WESTBOURNE DRIVE  
OVIEDO, FL 32765

24054004



2. Principal Place of Business  
310 Genius Drive  
Suite, Apt. #, etc.

3. Mailing Address  
310 Genius Drive  
Suite, Apt. #, etc.

02192004 Chg-LLC CR2E083 (10/03)

City & State  
Winter Park, FL

City & State  
Winter Park, FL

4. FEI Number  
59-3622393

Applied For  
Not Applicable

Zip 32789 Country U.S.

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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

KHUDA, KHALED R  
2250 WESTBOURNE DR.  
OVIEDO, FL 32465  
310 Genius Drive  
Winter Park, FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE MGRM  
NAME K.N., LTD., L.L.P.  
STREET ADDRESS 2250 WESTBOURNE DRIVE  
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Delete

TITLE MGR M  
NAME KN Ltd LLP  
STREET ADDRESS 310 Genius Drive  
CITY-ST-ZIP Winter Park, FL 32789 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

4/26/04

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

Date

Daytime Phone #