


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2004 90045 048 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L00000001067</b>                                       |  |
| 1. Entity Name<br><b>DATA INTERNATIONAL OF NORTH AMERICA, L.L.C.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2250 WESTBOURNE DR.<br/>OVIDO, FL 32765</b> | Mailing Address<br><b>2250 WESTBOURNE DR.<br/>OVIDO, FL 32765</b> |
|---|---|

**24054003**

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>310 Genius Drive</b> | 3. Mailing Address<br><b>310 Genius Drive</b> |
| Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.                           |

|  |  |
|--|--|
| City & State<br><b>Winter Park, FL</b> | City & State<br><b>Winter Park, FL</b> |
| Zip<br><b>32789</b>                    | Zip<br><b>32789</b>                    |
| Country<br><b>U.S.</b>                 | Country<br><b>U.S.</b>                 |

02192004 Chg-LLC CR2E083 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3621296</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |
|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
|--|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>KHUDA, KHALED R<br/>2250 WESTBOURNE DRIVE<br/>OVIDO, FL 32765</b> |  |
| <b>310 Genius Drive<br/>Winter Park, FL 32789</b>   |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |
| <b>FL</b>  |          |

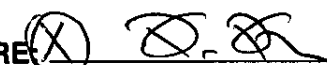
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|   |  |      |
|---|--|------|
| SIGNATURE  | (NOTE: Registered Agent signature required when reinstating) | DATE |
|---|--|------|

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KHUDA, KHALED R<br>2250 WESTBOURNE DRIVE<br>OVIDO, FL 32765 <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Khaled R Khuda<br>310 Genius Drive<br>Winter Park, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DATA INTERNATIONAL CO., LTD.<br>5FL NO. 25 LANE 169 KANG NING<br>HSIEN, TAIWAN R.O.C., <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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          | Date<br><b>4/20/04</b> | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                        |                 |