

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

0029686  
AF

DOCUMENT # L00000001688

1. Entity Name  
24K.COM, LC

01 MAY -2 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1405 XENIUM LANE  
ATTN: R.E. SHINOFIELD  
PLYMOUTH MN 55441-8249

Mailing Address  
1405 XENIUM LANE  
ATTN: R.E. SHINOFIELD  
PLYMOUTH MN 55441-8249



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

## 7. Name and Address of New Registered Agent

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.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.				8000004302968-7 -05/23/01--01105--030 (*****50.00 *****50.00)	
FILE NO. W!!! FEE IS \$50.00		Make Check Payable to Department of State			

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	Member	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtis C. Nelson		NAME		
STREET ADDRESS	1405 Xenium Lane		STREET ADDRESS		
CITY-ST-ZIP	Plymouth, MN 55441		CITY-ST-ZIP		
TITLE	Authorized Representative	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard E. Shinofield		NAME		
STREET ADDRESS	1405 Xenium Lane		STREET ADDRESS		
CITY-ST-ZIP	Plymouth, MN 55441		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Richard E. Shinofield, Authorized Rep. 763/212-8004 4/30/01

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

Date Daytime Phone #

CR2E083 (11/00)