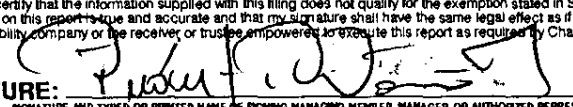


FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000001752			
1. Entity Name CTIDIRECT, LLC			
Principal Place of Business 7640 NW 25 ST. #120 MIAMI, FL 33122		Mailing Address 7640 NW 25 ST. #120 MIAMI, FL 33122	
2. Principal Place of Business 6205 BLUE LAGOON DR		3. Mailing Address 6205 BLUE LAGOON DR	
Suite, Apt. #, etc. SUITE 130		Suite, Apt. #, etc. SUITE 130	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33126	Country USA	Zip 33126	Country USA
5. Name and Address of Current Registered Agent MONGE, AUGUSTO 7640 NW 25 ST., #120 MIAMI, FL 33122		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent Signature required when appointing) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when appointing) DATE			
Make Check Payment to: (FEE) Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONGE, AUGUSTO 7640 NW 25TH ST., #120 MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6205 BLUE LAGOON DR. SUITE 130 MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D CASTANEDA, JUAN CARLOS 7640 NW 25TH ST, #120 MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6205 BLUE LAGOON DR. SUITE 130 MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700022700677 09/02/03--01050--001 **50.00
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 606, Florida Statutes.			
SIGNATURE: 		8/27/03 13552636746	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	

MJH



9/2

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

85-1048872

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

CR2E083 (1/02)