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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001752

1. Entity Name
C T I DIRECT, LLC

Principal Place of Business	Mailing Address
7640 NW 25 ST. #120 MIAMI, FL 33122	7640 NW 25 ST. #120 MIAMI, FL 33122

9/2

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6205 BLUE LAGOON DR	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

4. FEI Number 65-1048872 ☐ Applied For ☐ Not Applicable

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
MONGE, AUGUSTO 7640 NW 25 ST., #120 MIAMI, FL 33122	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Make Check Payable to Florida 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	☐ Delete	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	D CASTANEDA, JUAN CARLOS 7640 NW 25TH ST, #120 MIAMI, FL 33122	☐ Delete	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

CR2E083 (10/02)

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: _____ 9/27/03 (305) 2636746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #