

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001766

FILED
Aug 04, 2004
Secretary of State

Entity Name: OPTION TECHNOLOGIES INTERACTIVE, L.L.C.

Current Principal Place of Business:

4399 36TH STREET S.W.
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4399 36TH STREET S.W.
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3625492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELUREN, MARK S
100 S.E. THIRD AVE., STE. 1500
FT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

FITE, MARK A
4399 36TH STREET S.W.
ORLANDO, FL 32811 US

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: MARK A. FITE

08/04/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FITE, MARK ALAN
Address: 7927 HORSE FERRY ROAD
City-St-Zip: ORLANDO, FL 34761

Title: SVP () Delete
Name: WHEATLEY, KIMBAL L
Address: 395 SOUTH 10000 EAST
City-St-Zip: HUNTSVILLE, UT 84317

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FITE, MARK A
Address: 7927 HORSE FERRY ROAD
City-St-Zip: ORLANDO, FL 34761

Title: MGRM (X) Change () Addition
Name: WHEATLEY, KIMBAL L
Address: 395 SOUTH 10000 EAST
City-St-Zip: HUNTSVILLE, UT 84317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK A. FITE

MGRM

08/04/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date