2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000001766

1. Entity Name

OPTION TECHNOLOGIES INTERACTIVE, L.L.C.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90053 028 ****50.00

				GOB WE TRO						
Principal Pla	ce of Business	Mailing Address				_				
4399 36TH STE ORLANDO FL :			4399 36TH STREET S.W. ORLANDO FL 32811							
2. Principal Place of Business		3. Mailing Addres	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Oit : 0 Ot :								- INTOCK	<u>, </u>	
City & State		City & State	City & State		4. FEI Number 59-3625492				Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate	of Status Desired		5.00 Ad	ditional	7
	6. Name and Address of	Current Registered Agent	gistered Agent		7. Name and Address of New Registered Agent					\dashv
FELL	IDEN MADIC O			Name				·		7
100	Jren, Mark S S.E. Third Ave., Ste. 150	00			Street Address (P.O. Box Number is Not Acceptable)					
-	AUDERDALE FL 33394									1
				City			FL	Zip Cod		1
8. The above the obligat	named entity submits this stat ions of registered agent.	tement for the purpose of chan	ging its registere	ed office or registe	ered agent, or both	n, in the State of Flo	rida. I am fa	niliar with,	, and accept	1
SIGNATURE	Signature, typed or printed name of regist	tered agent and title if applicable.	(NOTE: Registerer	d Agent signature require	d when reinstation)		DATE			
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				EE IS \$50.00 orlda Departme	in arcini			-		
	,	mane Officer	Due By Ma		ant of State					
9.	MANAGING	MEMBERS/MANAGERS	10.	-, .,		10017101101				_
TITLE	MGRM	Dele			<u> </u>	ADDITIONS/				ء ا
NAME	FITE, MARK ALAN	L., Dete	TE TITLE					Change	☐ Addition	CDOEORO (10/02)
STREET ADDRESS	7927 HORSE FERRY RO	AD		T ADDRESS						1
CITY-ST-ZIP	ORLANDO FL 34761	-	CITY-	ST-ZIP						Ì
TITLE	SVP	☐ Dele	te TITLE	-	<u></u>			Change	☐ Addition	1 2
NAME	WHEATLEY, KIMBAL L		NAME				•			١
STREET ADDRESS	395 SOUTH 10000 EAST		STREE	T ADDRESS		•				
CITY-ST-ZIP	HUNTSVILLE UT 84317		CITY-	ST-ZIP						
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NAME			NAME							
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				ST-ZIP						
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TITLE				31-211						1
NAME !		☐ Delet	e TITLE Name				1	_ Change	Addition Addition	1
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CITY-ST-ZIP			CITY-					•	منعنو	ĺ
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NAME			NAME			-		_ 	- Noninou	==
STREET ADDRESS			STREE	F ADDRESS						
CITY-ST-ZIP			CITY-	I						ĺ
I1. I hereby c	ertify that the information suppl	lied with this filing does not qui	alify for the exem	ption stated in Se	ection 119.07(3)(i),	Florida Statutes. I f	urther certify	that the ir	 formation	l

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

Date

Daytime Phone #