


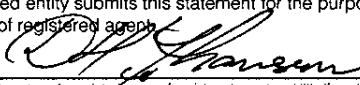
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002382		
1. Entity Name CORUM INTERNATIONAL, L.L.C.		
Principal Place of Business 8306 MILLS DRIVE, #344 MIAMI FL 33183		Mailing Address 8306 MILLS DRIVE, #344 MIAMI FL 33183
2. Principal Place of Business 9497 S. Dixie Hwy. Suite, Apt. #, etc. #105		3. Mailing Address 9497 S. Dixie Hwy. Suite, Apt. #, etc. #105
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA
Zip 33156	Country USA	Zip 33156 Country USA

FILED


2004 APR -5 AM 11:16

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA☒ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent DE LEON, KIRK D 7.N.W. 2ND STREET, STE 218 MIAMI FL 33128		
7. Name and Address of New Registered Agent Name DAN H. JOHANSSON Street Address (P.O. Box Number is Not Acceptable) 9497 S. Dixie Hwy. #105 City MIAMI, FL Zip Code 33156		
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 reinstating) DATE 30. MAR. 04		
FILE NOW!!! FEE IS \$50.00 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	PCEO MGR JOHANSSON, DAN H 8811 S.W. 123 CT., #204 MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CEO/MGRM JOHANSSON, DAN H. 9497 S. Dixie Hwy., #105, MIAMI, FL. 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800023989588 10/21/03--01153--003 *150.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800023989588 01/06/04--01003--028 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE:  DAN H. JOHANSSON 10.Oct.03 (786) 201-9580 223-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #