## May 07, 2002 8:00 am Secretary of State 05-07-2002 90393 030 \*\*\*\*50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE  To look a seek of current Registered Agent Name WRAT SERVICES INC.  Street Address IP.O., Box Nameber is Not Acceptable)  To look a seek of Current Registered Agent Name WRAT SERVICES INC.  Street Address IP.O., Box Nameber is Not Acceptable)  To look a seek of Florida.  To look a seek of Florida.  Street Address IP.O., Box Nameber is Not Acceptable)  To look a seek of Florida.  To look a seek of Florida.  Signature, typed or printed name of registered agent and title I applicable.  DATE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TO Name and Address of Current Registered Agent NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TO Name and Address of Current Registered Agent NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 8. Kenneau five De Januare Intercap In Suite. Apr. 4. etc.  JOST Nicosia Suite. Apr. 4. etc.  JOST Nicosia Logis State Center Newark, DE  Zip Country DE JAJUS State  DO NOT WRITE  IN THIS SPACE  DO NOT WRITE  IN THIS SPACE  1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  MANAGING MEMBERS / MANAGERS  MANAGING MEMBERS / MANAGERS  TITLE  TO A MANAGING MEMBERS / MANAGERS  TITLE  MANAGING MEMBERS / MANAGERS  TITLE  TO A MANAGING MEMBERS / MANAGERS  TO A MANAGING MEMB	4
8, Kennedy the Delaware Intercop In Suite. Apt. #, etc.    USBARLS date Profession  City & State  City & State  City & State  Country  DE 19711 USA  7. Name and Address of Current Registered Agent  Name NRAI SERVICES INC.  Street Address (P.O., Box Normber is Not Acceptable)  Tallahasse FL Signature. Special review of registered agent and title Fapplicable.  SIGNATURE  Superiume, special or printed name of registered agent and title Fapplicable.  P. MANAGING MEMBERS/MANAGERS  TITLE  NAME  SIREET ADDRESS  CITY. ST. JiP  MANAGING MEMBERS/MANAGERS  STREET ADDRESS  CITY. ST. JiP  Synature, Superiume, Superium Agriphics  STREET ADDRESS  CITY. ST. JiP  Superiume, Superium Agriphics  STREET ADDRESS  CITY. ST. JiP  STREET ADDRESS  CITY. ST. JiP  SUPERIUM Agriphics  CITY. ST. JiP  SUPERIUM Agriphics  STREET ADDRESS  CITY. ST. JiP  SUPERIUM AGRIPHICS  CITY ST. JiP  SUPERIUM AGRIPHICS  SUPERIUM AGRIPHICS  SUPERIUM AGRIPHICS  CITY. ST. JiP  SUPERIUM AGRIPHICS  SUPERIUM AGRIPHICS  CITY ST. JiP  SUPERIUM AGRIPHICS  COLOR AGRIPHICS  SUPERIUM AGRIPHICS  SUPERIUM AGRIPHICS  SUPERIUM AGRIPHICS  SUPERIUM AGRIPHICS  COLOR AGRIPHICS  SUPERIUM AGRIPHICS  SUPERIUM AGRIPHICS  SUPERIUM AGRIPHICS  SUPERIUM AGRIPHICS	1
State City & State Country  Zip Country  DO NOT WRITE IN THIS SPACE  City & State Country  Zip Country  DE 19741  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  Make Check Payable to Department of State  Manager  Signature  Manager  MANAGING MEMBERS / MANAGERS  TITLE  MANAGERS  MANAGING MEMBERS / MANAGERS  TITLE  MANAGERS  SIRET ADDRESS  CITY ST-ZIP  MANAGERS  SIRET ADDRESS  CITY ST-ZIP  DO NOT WRITE IN THIS SPACE  4. FEI Number  4. FEI Number  4. FEI Number  5. Certificate of Status Desired   \$5.00  Fee Re  7. Name and Address of Current Registered Agent Name	
Signature   Signature   Speed or printed name of registered agent and life if applicable   Signature   Speed or printed name of registered agent and life if applicable   Signature   Signature   Speed or printed name of registered agent and life if applicable   Signature   Signatu	
DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  To lia ha 35 ell City FL Signature, typod or printed name of registered agent and take if applicable.  MANAGING MEMBERS/MANAGERS  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE TITLE MANAGING MEMBERS/MANAGERS  TITLE TI	Applied For Not Applicable
DO NOT WRITE IN THIS SPACE  Street Address (P.O., Box Nomber is Not Acceptable)  Tallahasse FL  Zip  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.  SIGNATURE  Signature. typod or printed name of registered agent and like if applicable.  PEE IS \$50.00  Make Check Payable to Department of State  DUE BY MAY 1.  9. MANAGING MEMBERS/MANAGERS  TITLE  MAME STREET ADDRESS CITY-ST-ZIP	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable.  DATE  FEE IS \$50.00  Make Check Payable to Department of State  DUE BY MAY-1  9. MANAGING MEMBERS/MANAGERS  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  GITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP	
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<ol> <li>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 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 managing the indicated in Section 119.07(3)(i), Florida Statutes.</li> </ol>	e information
St. o. D	
SIGNATURE: 04-25-2002 1-302-2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day, time Phone	

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