

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90256 032 ****50.00

DOCUMENT # L00,000,006282

1. Entity Name

DIRECT WIRELESS WEB, L.L.C.

DO NOT WRITE IN THIS SPACE

960521

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2055 S. Ridgewood

Suite, Apt. #, etc.

3. Mailing Address

2055 S. Ridgewood

Suite, Apt. #, etc.

City & State

South Daytona, FL

Zip

32119

Country

USA

City & State

South Daytona, FL

Zip

32119

Country

USA

4. FEI Number

59-3647912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James J. Kearn

Street Address (P.O. Box Number is Not Acceptable)

138 Live Oak Avenue

City

Daytona Beach FL

Zip Code

32114-4912

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title 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
CITY-ST-ZIP
President
Doug Katchiffe
2055 S. Ridgewood Ave
South Daytona, FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Jay Arnold
2055 S. Ridgewood Ave
South Daytona, FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

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: Jay Arnold Jay Arnold 5/2/02 386-788-8885

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