2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009112

1. Entity Name

DIGITAL RESEARCH LLC

FILED
01 FEB -2 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10117 WEST OAKLAND PARK BOULEVARD. #371 SUNRISE FL 33351	10117 WEST OAKLAND PARK BOULEVARD. #371 SUNRISE FL 33351

2. Principal Place of Business	3. Mailing Address
17140 Collins Ave	17140 Collins Ave
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc. Suite 103
City & State Miami FL	City & State Miami FL
Zip 33160 Country USA	Zip 33160 Country USA

4. FEI Number 65-1032063 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: Steven King
Street Address (P.O. Box Number is Not Acceptable): 17140 Collins Ave
Suite 103
City: Miami FL Zip Code 33160

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] 1/31/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE: President NAME: Steven King STREET ADDRESS: 17140 Collins Ave Ste 103 CITY-ST-ZIP: Miami FL 33160	☐ Delete	TITLE → NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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CR2E083 (11/00)

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: [signature] REQUIRED 1/31/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #