2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011463

1. Entity Name
DIREX IMAGE, L.L.C.

APPROVED AND FILED
01 MAY -3 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000338 AF

Principal Place of Business
~~200 S. ORANGE AVE., STE. 2800~~
~~ORLANDO FL 32801~~

Mailing Address
200 S. ORANGE AVE., ~~STE. 2800~~
ORLANDO FL 32801

2. Principal Place of Business
2301 Lucien Way
Suite 323
Maitland, FL
Zip 32751 Country USA

3. Mailing Address
Suite 1300

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3672714 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
KHANANI, M. OWAIS
200 S. ORANGE AVE., ~~STE. 2800~~ Suite 1300
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 1300
City FL Zip Code

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 M. Owais Khanani 4-30-01
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANANI, M. SALEEM 200 S. ORANGE AVE., ~~STE. 2800~~ Suite 1300 ORLANDO FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Suite 1300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANANI, M. OWAIS 200 S. ORANGE AVE., ~~STE. 2800~~ Suite 1300 ORLANDO FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Suite 1300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANANI, M. HANI 200 S. ORANGE AVE., ~~STE. 2800~~ Suite 1300 ORLANDO FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Suite 1300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAIED, MUSTAFA 200 S. ORANGE AVE., ~~STE. 2800~~ Suite 1300 ORLANDO FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Suite 1300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300004335653--1 -05/31/01--01041--022 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: M. Owais Khanani 4-30-01 407/540-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)