2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY -3 PM 4:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

000638 AF

DOCUMENT # L00000011463

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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2301 Lucien Way	
Suite, Apt. #, etc.: Suite 323	Suite, Apt. #, etc.: Suite 1300
City & State: Maitland, FL	City & State
Zip: 32751 Country: USA	Zip Country

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	7. Name and Address of New Registered Agent
KHANANI, M. OWAIS 200 S. ORANGE AVE., ~~STE. 2800~~ Suite 1300 ORLANDO FL 32801	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	☒ 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	☒ 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	☒ 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	☒ Change ☐ Addition	Suite 1300
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	300004335653--1 -05/31/01--01041--022 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

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: 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 #