2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011708

1. Entity Name

OLMEDA.COM, LLC

FILED

2001 APR 30 PM 12:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
950 AMERICAN ROSE PKWY ORLANDO, FL 32825	PO BOX 721575 ORLANDO, FL 32872

2. Principal Place of Business		3. Mailing Address	
950 American Rose PKWY		PO Box 721575	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL		City & State: Orlando, FL	
Zip: 32825	Country: USA	Zip: 32872	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Christopher J. Olmeda
1810 Emerald Green Cir
Oviedo, FL 32765

7. Name and Address of New Registered Agent

Name

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

950 American Rose PKWY

City Orlando FL Zip Code 32825

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. (NOTE: Registered Agent signature required when reinstating) DATE

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

300004220093--8
-05/16/01--01076--009
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Christopher J. Olmeda 950 American Rose PKWY Orlando, FL 32825 [ ] Change [X] 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: Christopher J. Olmeda 4/23/01 4073658148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #