2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

TED NAME OF SIG

Aug 13, 2004 8:00 am Secretary of State DOCUMENT: # L00000014771 08-13-2004 90001 007 ****50.00 1. Entity Name WEB LOGIX ONLINE, LLC Principal Place of Business Mailing Address '5750 MAJOR BLVD., SUITE 100 5750 MAJOR BLVD., SUITE 100 ORLANDO, FL. 32819 ORLANDO, FL 32819 CR2E083 (10/03) 07282004 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3691145 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COURTE, LOIS DO NOT WRITE 5750 MAJOR BLVD., STE 100 ORLANDO, FL 32819 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. I am familiar with, and accept g the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by September 8, 2004 9. MANAGING MEMBERS/MANAGERS TITLE MGRM COURTE, LOUIS NAME 5750 MAJOR BLVD., STE. 100 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS ·CITY-ST-ZIP NAME STREET ADDRESS ČITY-ST-ZIP NAME STREET ADDRESS

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 finited liability company or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #