

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015097
1. Entity Name
 APM-EDC AMERICA, LLC

FILED

AUG 20 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 5850 LAKE HURST DR., STE 150-34
 ORLANDO FL 32819

Mailing Address 5850 LAKE HURST DR., STE 150-34
 ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 120 INTERNATIONAL PKWY
 Suite, Apt. #, etc. #220
 City & State HEATHROW, FL.

3. Mailing Address
 Suite, Apt. #, etc.
 City & State SAME

Zip 32746 Country USA

4. FEI Number 57-3731598

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Applied For Not Applicable

6. Name and Address of Current Registered Agent
 BIRD, ROBERT W
 101 SOUTHWALL LANE
 STE 400
 MAITLAND FL 32751

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 26, 2001

800004553038--5
 -08/23/01--01081--016
 *****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER LEE MUNIZZI 120 INT'L PKWY #220 HEATHROW, FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALEX DERNOUSKEY 5850 LAKE HURST DR ORLANDO, FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER IGOR BAREYEV 5850 LAKE HURST DR ORLANDO, FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **REQUIRED** 8-14-01 407-771-4442
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (5/01)