

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000015860**1. Entity Name  
SPECTRABAND RESOURCES, LLC

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br>2996 SABALWOOD COURT<br><br>DELRAY BEACH FL 334457139 | Mailing Address<br>2996 SABALWOOD COURT<br><br>DELRAY BEACH FL 334457139 |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>4400 N. FEDERAL HIGHWAY<br>Suite, Apt. #, etc.<br>SUITE 210 | 3. Mailing Address<br>4400 N. FEDERAL HIGHWAY<br>Suite, Apt. #, etc.<br>SUITE 210 |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                               |                               |
|-------------------------------|-------------------------------|
| City & State<br>BOCA RATON FL | City & State<br>BOCA RATON FL |
|-------------------------------|-------------------------------|

|              |               |              |               |
|--------------|---------------|--------------|---------------|
| Zip<br>33431 | Country<br>US | Zip<br>33431 | Country<br>US |
|--------------|---------------|--------------|---------------|

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-6359449</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**DE REGO RODNEY P  
2996 SABALWOOD COURT  
  
DELRAY BEACH FL 334457139 US**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 **04/11/2001**  
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****9. MANAGING MEMBERS / MEMBERS**

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | MGRM                      | <input type="checkbox"/> Delete |
| NAME           | DE REGO RODNEY P          |                                 |
| STREET ADDRESS | 2996 SABALWOOD COURT      |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 334457139 |                                 |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | MGRM                    | <input type="checkbox"/> Delete |
| NAME           | PIERSON H. LOGAN        |                                 |
| STREET ADDRESS | 2220 S.W. 11TH PLACE    |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 334868511 |                                 |

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | MGRM                         | <input type="checkbox"/> Delete |
| NAME           | BENDER LOUIS PIII            |                                 |
| STREET ADDRESS | 1153 HILLSBORO MILE, SUITE 5 |                                 |
| CITY-ST-ZIP    | HILLSBORO BEACH FL 330621718 |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

**10. ADDITIONS / CHANGES**

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

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:** Rodney P. De Rego MGRM 04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)