2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016083

1. Entity Name

NETSUKE, LLC

Principal Place of Business   Mailing Address

2. Principal Place of Business	**3.** Mailing Address
270 South County Road	PO Box 4684
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	**4.** FEI Number	Applied For
Palm Beach Florida	West Palm Beach FL	65-1061335	Not Applicable

Zip	Country	Zip	Country
33480	USA	33402-4684	USA

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

Name
Lawrence H Dugan Jr

Street Address (P.O. Box Number is Not Acceptable)
270 South County Road

City Palm Beach   **FL**   Zip Code 33480

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 _____ Lawrence H Dugan Jr

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		TITLE	Member	☐ Change ☑ Addition
NAME	☐ Delete	NAME	Lawrence H Dugan Jr	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE	Member	☐ Change ☑ Addition
NAME	☐ Delete	NAME	NETSUKE, INC	
STREET ADDRESS		STREET ADDRESS	PO Box 4684	
CITY-ST-ZIP		CITY-ST-ZIP	West Palm Beach, FL 33402-4684	
TITLE		TITLE		☐ Change ☐ Addition
NAME	☐ Delete	NAME		
STREET ADDRESS		STREET ADDRESS	200003675842--1	
CITY-ST-ZIP		CITY-ST-ZIP	-02/13/01--01020--020	
TITLE		TITLE	*****50.00 *****50.00	☐ Change ☐ Addition
NAME	☐ Delete	NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME	☐ Delete	NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME	☐ Delete	NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

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: _____ Lawrence H Dugan Jr   2/6/01   561-822-9955

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