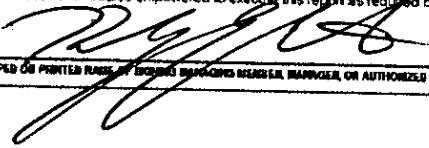


FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90688 049 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

30045852

DOCUMENT # L01000000162			
1. Entity Name MAGNET MANAGEMENT, L.L.C.			
Principal Place of Business C/O LAW OFFICES OF THOMAS D. WRIGHT 9711 OVERSEAS HWY., STE. 5 MARATHON, FL 33050		Mailing Address 325 POST RD WEST WESTPORT, CT 06880	
2. Principal Place of Business		3. Mailing Address 853 CHURCH ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5TH FLOOR	
City & State		City & State WY. WV	
Zip	Country	Zip	Country
		16013	USA
4. FEI Number 58-2592421		Applied For ☐ Not Applicable	
5. Certificate of Status Deemed ☐ \$5.00 Additional Fee Required		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent WRIGHT, THOMAS D 9711 OVERSEAS HIGHWAY #5 MARATHON, FL 33050		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when electing)			
			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, KELLY M 325 POST ROAD WEST WESTPORT, CT 06880	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, JILL S 325 POST ROAD WEST WESTPORT, CT 06880	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10. ADDITIONS/CHANGES		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE: 		3/17/03 917-570-8698	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGER, OR AUTHORIZED REPRESENTATIVE			