

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90034 050 ****55.00

DOCUMENT # L01000002655

1. Entity Name

FINANCIAL NETWORK WORLDWIDE LIMITED LC



Principal Place of Business

**33 CIMMARON DR.
PALM COAST FL 32137**

Mailing Address

**33 CIMMARON DR.
PALM COAST FL 32137**

20023466

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3728437**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UDARTSEVA, TATYANA
33 CIMMARON DR.
PALM COAST FL 31237**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|---------------------------|------------------------|----------------------------|--------------------------|
| VP | UDARTSEN, ANATOLI | 33 CIMMARON DR. | PALM COAST FL 32137 | <input type="checkbox"/> |
| ST | UDARTSEVA, TATYANA | 33 CIMMARON DR. | PALM COAST FL 32137 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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

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: T. Udartseva Tatyana Udartseva 1/26/03 (386) 45-4587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)