

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

*Amended*

DOCUMENT # L01000003929

1. Entity Name

ROI NETWORK, LLC

**FILED**

02 DEC 16 AM 10:24

**DO NOT WRITE IN THIS SPACE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32399  
12/13/02--01073--004 \*\*50.00  
**900009508339**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
14000 Military Trail

3. Mailing Address  
14000 Military Trail

Suite, Apt. #, etc.  
Suite 210

Suite, Apt. #, etc.  
Suite 210

City & State  
Delray Beach, Florida

City & State  
Delray Beach, Florida

4. FEI Number  
65-1084303

Applied For  
Not Applicable

Zip  
33484

Country  
USA

Zip  
33484

Country  
USA

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

7. Name and Address of Current Registered Agent

Name  
Frank B. Bernal

Street Address (P.O. Box Number is Not Acceptable)

14000 Military Trail, Suite 210

City  
Delray Beach

FL Zip Code  
33484

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

Frank B. Bernal

12/9/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Frank B. Bernal  
14000 Military Trail, Suite 210  
Delray Beach, Florida 33484

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

*12/18 must*

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Frank B. Bernal, Managing Memb 12/9/02

(561) 865-1103

Date

Daytime Phone #

CR2E083B (12/01)