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

## FILED Jul 16, 2002 8:00 am Secretary of State

	<b>\/</b>
DOCUMENT # LOI 000 00 5416 1. Entity Name	(V)
Worldwide Broadband Consulti	ng, LLC

Worldwide Broadband Consulting, LLC		(R)	07-16-2002 90370 003 ****55.00			
DO NOT WRITE						
					2.2.	
2. Principal Place of Business SZ 1 SW 172 STKET	- 3. Mailing Address - 827 SW 172 STREET		7	970297		
Suite, Apt. #, etc.	Suite, Apt, #, etc.			DO NOT WRITE IN T	HIS SPACE	
City & State MLAMI FL	City & State	FL	4. FELN	lumber - 108 9652	Applied For	
33157 Country	33157	Country		icate of Status Desired	Not Applicab	
The second of th	Adentification of the second		7. Name a	and Address of Current Regis	Fee Required tered Agent	
DO NOT W	RITE .	Name	Kathy	Godwin		
IN THIS SP		Street Ad	dress (P.O. Box N	umber is Not Acceptable)	<del>LET</del>	
			l.			
		City	MIAM	(	Zip Code 3215	
8. The above named entity submits this statement for SIGNATURE  Signature, typed or printed name of registered agent a	10	s registered office or n	egistered agent, c	r both, in the State of Florida.	8/02	
	Make Check P	FEE IS \$50.00 ayable to Departm DUE BY MAY 1	ent of State	1 13		
9. / MANAGING MEMBER	RS/MANAGERS	\$ 640°C		aprile and the second s	The second secon	
NAME STREET ADDRESS 82-71 ST. 127 STP.	-	TITLE NAME STREET ADDRESS				
MIAMI FL 321	57	CITY+ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS			3	
TITLE		City-St-Zip				
NAME STREET ADDRESS		NAME	Hala Colymbia	TO A STATE OF THE PARTY OF THE		
CITY-ST-ZIP	<u> </u>	STREET ADDRESS CITY ST-ZIP		OO NOT WR	TE .	
ITLE AME	-	TITLE:		N THIS SPA		
TREET ADDRESS ITY-ST-ZIP		STREET ADDRESS	ere, par Tarifici, peptro s			
ITLE		CITY=ST-ZIP				
TREET ADDRESS ITY-ST-ZIP	· Training	NAME STREET ADDRESS CITY-ST-ZIP				
TLE AME	.,.	TITLE		# # - A		
TREET ADDRESS ITY-ST-ZIP		STREET AOINTESS				
<ol> <li>I hereby certify that the information supplied with the indicated on this report is true and accurate and the</li> </ol>	is filing does not qualify for	the exemption stated i	n Section 119.07(	3)(i) Florida Statutes I further c		

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