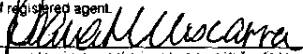
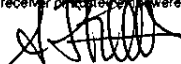


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000006067			
1. Entity Name DUOLOGICA LLC			
Principal Place of Business 3581 SW 146 TER MIRAMAR, FL 33027 US		Mailing Address 3581 SW 146 TER MIRAMAR, FL 33027 US	
2. Principal Place of Business 5346 WILLIS AVE		3. Mailing Address 5346 WILLIS AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SHERMAN OAKS CA		City & State SHERMAN OAKS CA	
Zip 91411	Country USA	Zip 91411	Country USA
6. Name and Address of Current Registered Agent FERRER, ALBERTO J 3581 SW 146 TER MIRAMAR, FL 33027		4. FEI Number 65-1098443	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name DIANA VISCARRA			
Street Address (P.O. Box Number is Not Acceptable) 2856 SW 177 TER			
City MIRAMAR		FL	Zip Code 33029
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  DIANA VISCARRA		DATE 03/20/03	
SIGNATURE (Typed or printed name of registered agent and title if applicable)		(NOTE: Registered Agent's Signature Required when registering)	
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	MGRM FERRER, ALBERTO J 3581 SW 146 TER MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5346 WILLIS AVE SHERMAN OAKS CA 91411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRER, BETHANY B 3581 SW 146 TER MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5346 WILLIS AVE SHERMAN OAKS CA 91411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(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, predecessor, or successor, authorized to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE:  ALBERTO FERRER		DATE 3/25/03 DAYTIME PHONE # 818 788 9888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

CRS03 (10/02)