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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200015648382
04/10/03--01063--011 **200.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006067

1. Entity Name
DUOLOGICA LLC

Principal Place of Business	Mailing Address
3581 SW 146 TER MIRAMAR, FL 33027 US	3581 SW 146 TER MIRAMAR, FL 33027 US

☐ CHECK HERE IF MAKING CHANGES

	2. Principal Place of Business	3. Mailing Address
Address	5346 WILLIS AVE	5346 WILLIS AVE
Suite, Apt. #, etc.		
City & State	SHERMAN OAKS CA	SHERMAN OAKS CA
Zip	91411	91411
Country	USA	USA

4. FEI Number: 65-1098443 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERRER, ALBERTO J
3581 SW 146 TER
MIRAMAR, FL 33027

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 [signature] DIANA VISCARRA 03/20/03
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	MGRM FERRER, ALBERTO J 3581 SW 146 TER MIRMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 5346 WILLIS AVE SHERMAN OAKS CA 91411	☒ Change ☐ Addition
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 5346 WILLIS AVE SHERMAN OAKS CA 91411	☒ Change ☐ Addition
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CR2E083 (10/02)

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] ALBERTO FERRER 3/25/03 818 788 9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #