

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90185 029 \*\*\*\*50.00

**DOCUMENT # L01000008566**

1. Entity Name  
**CN TECHNOLOGY, L.L.C.**

Principal Place of Business      Mailing Address  
**1382 NW 80TH WAY**      **1382 NW 80TH WAY**  
**BUILDING 19**      **BUILDING 19**  
**PLANTATION FL 33322**      **PLANTATION FL 33322**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. Fee Number      Applied For  
**65-1114201**      Not Applicable

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

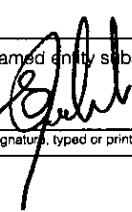
**6. Name and Address of Current Registered Agent**

**SERRONE, ROBERT A ESQ.**  
**600 N. PINE ISLAND ROAD**  
**SUITE 450**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name **WEBB, STUART**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1382 NW 80TH WAY**  
**BUILDING 19**  
 City **PLANTATION** FL Zip Code **33322**

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       (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☒ Delete  
 NAME **CONNECTIVITY NETWORK SOLUTIONS (PTY) LTD**  
 STREET ADDRESS **18 DUTOIT STREET BELLEVILLE**  
 CITY-ST-ZIP **SOUTH AFRICA**

TITLE **MGRM** ☒ Delete  
 NAME **WEBB, STUART**  
 STREET ADDRESS **MELMAC AVE. GEORGE TOWN GRAND CAYMAN**  
 CITY-ST-ZIP **CAYMAN ISLANDS BWI**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P. S. U.P. T** ☒ Change ☒ Addition  
**WEBB, STUART**  
**1382 NW 80TH WAY BLDG 19**  
**PLANTATION FL 33322**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED

01-09-02

CR2E083 (9/01)