

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 21, 2002 8:00 am**  
**Secretary of State**

07-21-2002 90015 010 \*\*\*\*50.00

0015137

**DOCUMENT # L01000009901**

1. Entity Name  
**OMNI COMPUTERS DIRECT, LLC**

Principal Place of Business      Mailing Address  
**20 PEACHTREE COURT #202**      **20 PEACHTREE COURT #202**  
**HOLBROOK NY 11741**      **HOLBROOK NY 11741**

**970790**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**15261 TELCOM DR.**      **15261 TELCOM DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Spring Hill FL.**      **Spring Hill FL.**  
 Zip      Zip  
**34604**      **34604**  
 Country      Country

4. FEI Number      Applied For  
**52 2326057**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**STANTON, ROGER C**  
**4420 BEACON CIRCLE**  
**WEST PALM BEACH FL 33401**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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]*      DATE: **7/16/02**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HAGLAND, SCOTT 20 PEACHTREE COURT #202 HOLBROOK NY 11741</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GREG JARQUE 15261 TELCOM DR. SPRING HILL FL. 34604</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (4/02)

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]*      SIGNATURE REQUIRED      DATE: **7/16/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #