**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 31, 2002 8:00 am Secretary of State DOCUMENT # L01000011771 1. Entity Name 01-31-2002 90081 035 \*\*\*\*55.00 SPIDUN, LLC Principal Place of Business Mailing Address 2542 WILLIAMS BLVD. 2542 WILLIAMS BLVD. KENNER LA 70062 KENNER LA 70062 2. Principal Place of Business 3. Mailing Address 2542 Williams Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Attention: Legal Dept. City & State City & State 4. FEI Number Applied For 72 - 1508 320 Kenner, LA Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 囟 70062 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GART, DAVID A Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVENUE SOUTH, STE. 500 WEST PALM BEACH FL 33401 City Zip Code FL 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, 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 May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MEM ☐ Delete TITI F ☐ Addition Change NAME SPICOM, INC. NAME STREET ADDRESS 2542 WILLIAMS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KENNER LA 70062 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Vice-President, Spicom, Inc.

James

SIGNATURE: