2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017117

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FORT LAUDERDALE, FL 33309

1451 W. CYPRESS CREEK ROAD, SUITE 300

TOMADAKIS, ADONIS

MGR

Title:

Name:

Address:

City-St-Zip:

Entity Name: CUBICORP, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1451 W. CYPRESS CREEK ROAD, SUITE 300 FT LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 1451 W. CYPRESS CREEK ROAD, SUITE 300 FT LAUDERDALE, FL 33309 FEI Number: 65-1146403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOYATZOGLOU, THEODOSIOS 1451 W. CYPRESS CREEK ROAD, SUITE 300 FT LAUDERDALE, FL 33309 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete VOYATZOGLOU, THEODOSIOS Name: Name: 1451 W. CYPRESS CREEK ROAD, SUITE 300 Address: Address: City-St-Zip: FT LAUDERDALE, FL 33309 City-St-Zip: Title: MGR () Delete Title: () Change () Addition RIGOPOULOS, CHRISTOS P Name: Name: Address: 1451 W. CYPRESS CREEK ROAD, SUITE 300 Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BALOK, JOHN Name: Name: 1451 W. CYPRESS CREEK ROAD, SUITE 300 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: RIGOPOULOS CHRISTOS MGR 04/30/2009