FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Jul 30, 2002 8:00 am DOCUMENT # L01000017362 **Secretary of State** 1. Entity Name 07-30-2002 90001 013 ****55.00 **TSUNAMI LABS LLC** Principal Place of Business Mailing Address 18002 RICHMOND PLACE DR 18002 RICHMOND PLACE DR 971539 #1324 #1324 TAMPA FL 33647 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address 8372 GOLDEN PRAIRIE DR. 8372 GOLDEN PRAIRIE DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3745895 TAMPA TAMPA Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired HILLSBOROUGH 33647 HILLSBOROUGH 33647 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hussein- K. --MOURTADA MOURTADA, HUSSEIN K Street Address (P.O. Box Number is Not Acceptable) 8372 GOLDEN PRAIRIE DRIVE 18002 RICHMOND PLACE DR #1324 TAMPA FL 33647 City TAMPA Zip Code 33647 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 agei HUSSEIN K. MOURTADA FILE NOW!!! FEE IS \$50:00~. Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ☐ Delete TITLE ☐ Change ☐ Addition HUSSEIN K MOURTADA NAME NAME 8372 GOLDEN PRAIRIE DR. STREET ADDRESS STREET ADDRESS TAMPA, FL. 33647 CITY-ST-ZIP CITY-ST-7IP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANUEL TRAN NAME NAME 4604 SANIBEL WAY STREET ADDRESS STREET ADDRESS BRADENTON, FL. 34203 CITY-ST-ZIE CITY-ST-7IP MGRM TITLE ☐ Delete TITLE Addition ☐ Change STEVEN KEMPER NAME NAME 5203-ERIE ROAD --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARRISH, FL. 34219 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Addition Change NAME MICHAEL A. CUTRERA I NAME STREET ADDRESS STREET ADDRESS 1114 31 ST. STREET WEST CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL. 34205 ☐ Delete TITLE Addition Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.