

M.G.R.M.

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FILED
Apr 10, 2002 8:00 am
Secretary of State

01-22-2002 90094 018 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019687			
1. Entity Name MEGASOFT, LLC			
Principal Place of Business 1401 ATLANTIC BLVD. NEPTUNE BEACH FL 32266		Mailing Address 1401 ATLANTIC BLVD. NEPTUNE BEACH, FL 32268	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number HW59-3756704		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA STREET, STE. 2750 JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent Name: Ali Ozkul Street Address (P.O. Box Number is Not Acceptable): 1401 ATLANTIC BLVD City: NEPTUNE BEACH FL Zip Code: 32266	
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: <i>[Signature]</i>		DATE: 4/12/02	
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALI CANIP OZKUL M.G.R. (TITLE) 1401 ATLANTIC BLVD NEPTUNE BEACH, FL 32266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERDA H. TANYERI M.G.R.M. (TITLE) 1401 ATLANTIC BLVD NEPTUNE BEACH, FL 32266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i>		DATE: 4/12/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2E083 (9/01)