

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020114

FILED
Apr 03, 2004
Secretary of State

Entity Name: TYPE NETWORK, LLC.

Current Principal Place of Business:

301 EAST PINE ST.
SUITE 150
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

301 EAST PINE ST.
SUITE 150
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 71-0869119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMAN, JED
180 S. KNOWLES AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: MOHAMMAND, IMRAN R #200315
Address: 723 TRUMAN AVENUE
City-St-Zip: TALLAHASSEE, FL 32314

Title: MGRM () Delete
Name: RASA, ABUL F
Address: LEMERIDIAN APTS 203
City-St-Zip: DUBAI, CA U.A.E

Title: MGRM () Delete
Name: DEWIEST, DENISE M
Address: 23 MARIPOSA LANE
City-St-Zip: ORINDA, CA 94563

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOHAMMAD, IMRAN R #200315
Address: 723 TRUMAN AVENUE
City-St-Zip: TALLAHASSEE, FL 32314

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MOHAMAD IMRAN RASA

MGR

04/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date