LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) L01000022308

FILED May 12, 2002 8:00 am Secretary of State

DOCUMENT # L01000022308 1. Entity Name					Secretary of State	
ļ	ST. PETERSBURG LI	c V			05-12-2002 9058	36 008 ****50.00
	DO NOT WRIT				•	357743
2. Principa	Place of Business c/o Klaus Post Oak Blvd.	s ThomMailing Address	s c/o Kla	aus Thoma	-	
Suite, Ap	Suite, Apt. #, etc.		L980 Post Oak Blvd. Suite, Apt. #, etc.			
		700	<u>'00</u>		DO NOT WRITE IN THIS SPACE	
Houston TV			City & State Iouston, TX		4. FEI Number	Applied For
Zip	Country	Zip	Count		69-0002370	Not Applicable
7705	6 USA	77056	USA	,	5. Certificate of Status Desired	\$5.00 Additional Fee Required
			-	Name	7. Name and Address of Current Registe	red Agent
	DO NOT V	VRITE	ļ	CT Corp	oration System	<u> </u>
IN THIS SPACE				C/O CT	P.O. Box Number is Not Acceptable) Corporation System	
		. ,	. [1200 Sor	th Pine Island Road	
				City and a		Zip Cade
8. The above	e named entity submits this statement	for the purpose of changi	ing its registered	d office or register	ed agent, or both, in the State of Florida.	L Zip Code 33324
SIGNATURE				-	Same of Sound in this oracle of Florids'	
	Signature, typed or printed name of registered age	ent and title if applicable.			DATE	
į.			FEE IS \$	50.00		
		Make Chec	k Payable to	Department of	State	
9.	MANAGING MEME	ERS/MANAGERS	DUE BY I	MAY 1		
TITLE NAME	President		TITLE			
STREET ADDRESS	Johann C. Sieber		NAME			
CITY-ST-ZIP	c/o Klaus Thoma 1980 Post Oak Blvd	l. Ste.700	STREET			
TLE				ADDRESS		
	Vice-President	7 000,700	CITY-ST			
AME	Andreas Sieber					
IAME TREET ADDRESS ITY-ST-ZIP	Andreas Sieber c/o Klaus Thoma		CITY-ST TITLE NAME STREET A	ADDRESS		
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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.

IGNATURE:

JRE: _______ at mer and april 1-fact 4-25-02 715-966-7204 signature and typed or printed name of signing managing member, manager, or authorized refresentative Date Davime Phone #