2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -7 AM 8:43

DOCUMENT # L02000000354

1. Entity Name
INTER-LOGIKA LLC

Principal Place of Business	Mailing Address
847 ORANGE AVE., SUITE E 847 DAYTONA BEACH, FL 32114	847 ORANGE AVE., SUITE E 847 DAYTONA BEACH, FL 32114

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1575 Aviation Center Pkwy		1575 Aviation Center Pkwy	
Suite, Apt. #, etc.: 503		Suite, Apt. #, etc.: 503	
City & State: Daytona Beach, FL		City & State: Daytona Beach, FL	
Zip: 32114	Country: U.S.A.	Zip: 32114	Country: U.S.A.

4. FEI Number — ☐ Applied For — ☒ Not Applicable

5. Certificate of Status Desired ☐ — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PENSON, ALBERT C 2810 REMINGTON GREEN CR TALLAHASSEE, FL 32308	Name: RICHARD E. BENTON Street Address (P.O. Box Number is Not Acceptable): STE 4 1415 EAST PIEDMONT DRIVE City: TALLAHASSEE FL Zip Code: 32308

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 agent.

SIGNATURE: [signature] RICHARD E. BENTON 5-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WAHBA, ALEX		NAME		
STREET ADDRESS	847 ORANGE AVE., SUITE E 847		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	900021338679	
TITLE		☐ Delete	TITLE	07/07/03--01028--001 **50.00	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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.

SIGNATURE: [signature] Alex Wahba 6-27-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #