

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED

03 APR 30 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000003995

1. Entity Name
VORTEX NETWORKS, LLC



Principal Place of Business 5401 KIRKMAN ROAD STE 310 ORLANDO, FL 32819 US	Mailing Address 5401 KIRKMAN ROAD STE 310 ORLANDO, FL 32819 US
---	---

2. Principal Place of Business <i>614 East Hwy. 50</i>	3. Mailing Address <i>614 East Hwy 50</i>
Suite, Apt. #, etc. <i>112</i>	Suite, Apt. #, etc. <i>112</i>
City & State <i>Clermont Florida</i>	City & State <i>CLERMONT Florida</i>
Zip <i>34711</i>	Country <i>USA</i>



CHECK HERE IF MAKING CHANGES

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent	
DUANE B. BISHOFF, CPA, PA 3409 WEST FETCHER AVENUE TAMPA, FL 33618	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number Is Not Acceptable)	
City	
FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEBROWSKI, NICOLE V 614 EAST HWY 50, #112 CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500017590055 04/30/03--01082--014 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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 *Nicole V. Zebrowski* (Nicole V. Zebrowski) 4/28/03 888-788-0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)