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	Mailing Address
5401 KIRKMAN ROAD STE 310 ORLANDO, FL 32819 US	5401 KIRKMAN ROAD STE 310 ORLANDO, FL 32819 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
614 East Hwy. 50	614 East Hwy 50
Suite, Apt. #, etc.: #12	Suite, Apt. #, etc.: 112
City & State: Clermont, Florida	City & State: CLERMONT, Florida
Zip: 34711 / Country: USA	Zip: 34711 / Country: USA

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
DUANE B. BISHOFF, CPA, PA 3409 WEST FETCHER AVENUE TAMPA, FL 33618	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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEBROWSKI, NICOLE V 614 EAST HWY 50, #112 CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500017590055 04/30/03--01082--014 **50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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)