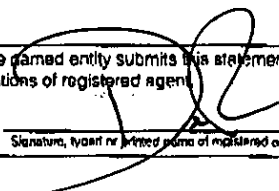
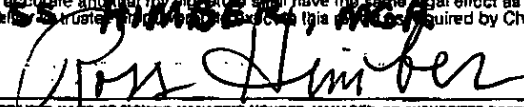


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91000 022 ****50.00

DOCUMENT # L02000008699			
1. Entity Name KNOT DATA, LLC			
Principal Place of Business 2971 N.E. 185TH STREET, APT. 1904 AVENTURA FL 33180		Mailing Address 2971 N.E. 185TH STREET, APT. 1904 AVENTURA FL 33180	
2. Principal Place of Business 13205 NE 16th AVE		3. Mailing Address 13205 NE 16th AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Miami, FL		City & State North Miami, FL	
Zip 33161	Country USA	Zip 33161	Country USA
4. FFI Number 03-0428042		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD 1500 MIAMI CENTER - DAP MIAMI FL 33131		7. Name and Address of New Registered Agent Name DAVID RAHAMIN Street Address (B.O. Box Number is Not Applicable) 2971 NE 185th STREET APT 1904 City AVENTURA FL 33180	
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 4-23-03	
SIGNATURE		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	MGRM DAVID RAHAMIN 2971 NE 185th ST #1904 AVENTURA FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS HIMBER 18205 NE 16 AVE N MIAMI FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 registered agent of the entity and that this filing is required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 4-23-03 305 981-9410	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	