

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000010126  
 1. Entity Name  
 DOODLE, L.L.C.



10105815

Suite

Principal Place of Business Mailing Address  
 10271 SUNSET DRIVE 10691 NORTH KENBALL DRIVE  
~~BUILDING - 103~~ SUITE 205  
 MIAMI, FL 33173 US MIAMI, FL 33176



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address  
 10271 SUNSET DRIVE 10271 SUNSET DRIVE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 SUITE 103 SUITE 103

City & State City & State  
 MIAMI, FL MIAMI, FLORIDA

4. FEI Number Applied For  
 04-3687795 Not Applicable

Zip Country Zip Country  
 33173 MIAMI-DADE 33173 MIAMI-DADE

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VERSTER, MARTYN W.  
 10271 SUNSET DRIVE  
~~BUILDING - 103~~  
 MIAMI, FL 33173

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number Is Not Acceptable)  
 City FL Zip Code

Suite

B. 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]* DATE 4-10-2003

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LISA A. BAIRD, ESQ		NAME:	
STREET ADDRESS: 10271 SUNSET DRIVE # 103		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33173		CITY-ST-ZIP:	
TITLE: VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARTYN W.D. VERSTER		NAME:	
STREET ADDRESS: 10271 SUNSET DRIVE 103		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FLORIDA 33173		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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]* MARTYN VERSTER DATE: 4/10/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CRF0003 (10/02)