

# AMENDED

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

DOCUMENT # L02000012931

1. Entity Name

AMERICAN TRAVEL NETWORK, LLC



FILED

2003 SEP 18 PM 2:07

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

626 NE 13TH AVENUE  
FORT LAUDERDALE FL 33304

Mailing Address

6400 N. ANDREWS AVE., STE. 250  
FT LAUDERDALE FL 33309

2. Principal Place of Business

6400 N. Andrews Avenue

Suite, Apt. #, etc.

250

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Fort Lauderdale, FL

City &amp; State

Zip

33309

Country

U.S.A.

Zip

Country

4. FEI Number

43-1965004

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SZCZECH, DENNIS J  
710 N. OCEAN BLVD., STE. 211  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6400 N. Andrews Avenue,

Suite 250

City Fort Lauderdale

FL

Zip Code

33309

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

9/11/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	RYAN, DAVID	
STREET ADDRESS	626 NE 13TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	MONTGOMERY, STUART	
STREET ADDRESS	626 NE 13TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MBR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID RYAN, P.A.	
STREET ADDRESS	626 NE 13th Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	

TITLE	MBR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Megladon, Inc.	
STREET ADDRESS	1315 Exverleigh Ct.	
CITY-ST-ZIP	Orlando, FL 32819	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 OF DAVID RYAN, President of David Ryan, P.A., Member

941-491-2021

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

Date 9-10-03

Daytime Phone #