
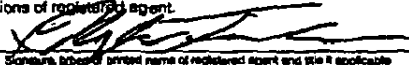



FILED
 Jun 25, 2003 8:00 am
 Secretary of State

04-25-2003 90749 033 ***150.00

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

4/2

| | | | | | |
|---|---|---------------------------------|---|---|---|
| DOCUMENT # L02000014117 | | | |  | |
| 1. Entity Name ERISCAL NETWORK, LLC | | | | | |
| Principal Place of Business 222 S. PENNSYLVANIA AVE., #100 WINTER PARK FL 32789 | | | Mailing Address 222 S. PENNSYLVANIA AVE., #100 WINTER PARK FL 32789 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 16-1622828 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | 5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LANGAN, ERIC A 222 S. PENNSYLVANIA AVE., #100 WINTER PARK FL 32789 | | | 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 4/21/2003 <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | Nyles Tricker 2100 Wild Berry Ct Longwood, 32789 | <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 |
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| 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 REQUIRED DATE 4/21/2003 DAYTIME PHONE # 407-333-0069 <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

44004978

CHECK HERE IF MAKING CHANGES

CR2003 (10/02)