

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

DOCUMENT # L02000026246
1. Entity Name DHL VIRTUAL NETWORKS LLC.

FILED

03 MAY 27 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business 1401 DEWEY STREET Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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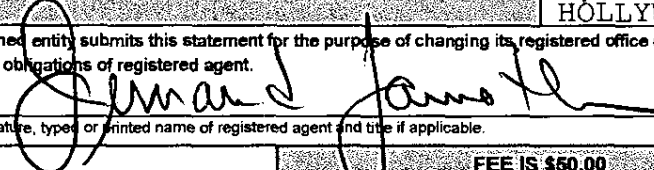
DO NOT WRITE IN THIS SPACE

City & State HOLLYWOOD FL	City & State
Zip 33020	Country

4. FEI Number 22-3878925	Applied For Not Applicable
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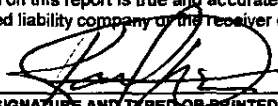
7. Name and Address of Current Registered Agent	
Name LAMOTHE, FERNAND	
Street Address (P.O. Box Number is Not Acceptable) 1401 DEWEY STREET	
City HOLLYWOOD	Zip Code 33020

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.	DATE 05/21/03

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DHL VIRTUAL NETWORKS INC. 1401 DEWEY STREET HOLLYWOOD FL 33020	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900019870089 05/27/03--01026--003 **50.00	
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CR2E083B (12/02)

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #	