

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (FEB)

DOCUMENT # L02000027832

Entity Name
D-STATION, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -5 PM 4:08

02/17/04

REINSTATEMENT 2003-2004

Principal Place of Business 33 WEST CHURCH STREET ORLANDO FL 32801	Mailing Address 33 WEST CHURCH STREET ORLANDO FL 32801
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2. Principal Place of Business 123 W. Church St. Suite, Apt. #, etc.	3. Mailing Address 123 W. Church St. Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32801	Zip 32801
Country USA	Country USA

4. Certificate of Status Desired	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
200 SOUTH ORANGE AVENUE, SUITE 2600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Christine Farrow
Street Address (P.O. Box Number is Not Acceptable)
1813 Maple Leaf Dr.
City Windermere FL Zip Code 34786

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 *Christine Farrow* DATE 1/27/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Dirk Farrow 1813 Maple Leaf Dr. Windermere, FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Robert D. Taylor 7280 Hawkshrest Blvd. Orlando, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800029269498 02/24/04--01006--030 **200.00-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2003-2004	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* REQUIRED DATE 1/27/04

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