

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004285

FILED
Apr 30, 2004
Secretary of State

Entity Name: MINDBEND COMMUNICATIONS LLC

Current Principal Place of Business:

1301 CAPE SABLE DR.
SUNTREE, FL 32940 US

New Principal Place of Business:

1424 ARUNDEL WAY
SUNTREE, FL 32940 US

Current Mailing Address:

1301 CAPE SABLE DR.
SUNTREE, FL 32940 US

New Mailing Address:

1424 ARUNDEL WAY
SUNTREE, FL 32940 US

FEI Number: 75-3108179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICODEMUS, RON
1301 CAPE SABLE DR.
SUNTREE, FL 32940 US

Name and Address of New Registered Agent:

NICODEMUS, RON
1424 ARUNDEL WAY
SUNTREE, FL 32940 US

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.

SIGNATURE: RON NICODEMUS

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: NICODEMUS, RON
Address: 1301 CAPE SABLE DR.
City-St-Zip: SUNTREE, FL 32940 US

Title: MGR () Delete
Name: DUNCAN, DAVID E
Address: 126 FELL STREET
City-St-Zip: SAN FRANCISCO, CA 94102 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NICODEMUS, RON
Address: 1424 ARUNDEL WAY
City-St-Zip: SUNTREE, FL 32940 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RON NICODEMUS

MGRM

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date