LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L03000016950 1. Entity Name N.B.A., LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 9940 Lone Tree Lane same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Orlando, FL City & State 4. FEI Number Not Applicable Country Zip Country Zip 32836 \$5.00 Additional 5. Certificate of Status Desired United States Fee Required 7. Name and Address of Current Registered Agent Name Spiegel & Utrera, P.A. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1840 Coral Way, 4th Floor ^{City} Miami int for the purpose of changing its registered office or registered agent, or both, in the State of Florida gel & Utrera, F.A. 8. The above named entity submits this the obligations of registered agen Natalia Utrera, Vice President FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS TITLE TITLE MGR Norm R. Sicard NAME NAME 9940 Lone Tree Lane STREET ADDRESS STREET ADDRESS Orlando, FL 32836 CITY-\$7-ZIP CITY-ST-ZIP TITLE TITLE MGR Brian Moeller NAME NAME 9940 Lone Tree Lane STREET ADDRESS STREET ADDRESS Orlando, FL 32836 CITY-ST-7IP CITY-ST-ZIP TITLE Andre S. Sicard MGR NAME NAME 9940 Lone Tree Lane STREET ADDRESS STREET ADDRESS DO NOT WRITE Orlando, FL 32836 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP B00043561528 NAME [2/21/04--01059--018 **50.00 STREE CI CITY-ST-ZIP Karuéas (1602) TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ♥ITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. Norm R. Sicard, Manager ER. MANAGER, OR AUTHORIZED REPRESENTATIVE

CORPORATE REINSTATEMENT FEES

STATE OF FLORIDA

COUNTY OF ORANGE



- Norm R. Sicard is the Manager of N.B.A., LLC, a Florida Limited Liability Company, (Ke 1. "Limited Liability Company").
- That the Limited Liability Company was administratively dissolved by the Florida Department of 2. State on 1 October 2004.
- That the Limited Liability Company failed to file its 2004 Annual Report or pay the 2004 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Limited Liability Company; and,
 - 3.2 the written notice was never received by the Limited Liability Company or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Limited Liability Company.
- The Limited Liability Company requests the Florida Department of State reinstate the Limited Liability Company upon the payment by the Limited Liability Company of its 2004 Annual Report fees and the filing of its 2004 Annual Reports, which are presented simultaneously with this Affidavit.
- 5. N.B.A., LLC satisfies the requirements of the Florida Statutes 607.0401.
- No further ground or grounds exist for the administrative dissolution of the Limited Liability 6. Company.

Dated: _____ day of ______, 2004

FURTHER, AFFIANT SAYETH NOT

N.B.A., LLC

Norm R. Sicard, Manager

Hay CRIAM MY COMMISSION # DD 291594 EXPIRES February 16, 2008

Dic 9,2004 2004

Notary Public, State of Florida at Printed Name: Commission Expires

CECILIA M. DICAPRIO IY COMMISSION # DD 291594 EXPIRES: February 16, 2008 londed Thru Notary Public Underwriter