

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039245

FILED
Mar 18, 2004
Secretary of State

Entity Name: MATRIX NETWORK ORLANDO, LLC

Current Principal Place of Business:

455 S. ORANGE AVE.
SUITE 500
ORLANDO, FL 32801 US

New Principal Place of Business:

20 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801 US

Current Mailing Address:

455 S. ORANGE AVE.
SUITE 500
ORLANDO, FL 32801 US

New Mailing Address:

20 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801 US

FEI Number: 38-3658995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVE.
SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CURRY, ROBERT
Address: 455 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Delete
Name: JOHNSON, HORTON
Address: 455 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Delete
Name: BROADHEAD, TOM
Address: 455 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Delete
Name: EMERSON, JOHN
Address: 455 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

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

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

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

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: HORTON S. JOHNSON

MGRM

03/18/2004

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