

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067707

Entity Name: DATACHARGE.COM "LLC"

FILED
May 15, 2005
Secretary of State

Current Principal Place of Business:

5811 B NORTH ANDREWS WAY
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

4309 WEST ATLANTIC BLVD
920
COCONUT CREEK, FL 33066

Current Mailing Address:

5811 B NORTH ANDREWS WAY
FORT LAUDERDALE, FL 33309

New Mailing Address:

4309 WEST ATLANTIC BLVD
920
COCONUT CREEK, FL 33066

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NOBLE, ARYKSIN
5811 B NORTH ANDREWS WAY
FORT LAUDERDALE, FL, FL 33309 US

Name and Address of New Registered Agent:

NOBLE, ARYKSIN
4309 WEST ATLANTIC BLVD
920
COCONUT CREEK, FL 33066 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:

05/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: NOBLE, ARYKSIN
Address: 5811 B NORTH ANDREWS WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NOBLE, ARYKSIN
Address: 4309 WEST ATLANTIC BLVD 920
City-St-Zip: COCONUT CREEK, FL 33066

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: ARYKSIN NOBLE

MGR

05/15/2005

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