2006 LIMITED LIABILITY CÔMPANY ANNUAL REPORT

FILED May 15, 2006 8:00 am Secretary of State

DOCUI 1. Entity Nam NETWOR		i	04-27-20	06 9002	9 028 **	***50.00			
Principal Place of Business		Mailing Address							
525 SOUTH DOUGLAS STREET		525 SOUTH DOUGLAS STREET							
EL SEGUNDO, CA 90245 US		EL SEGUNDO, CA 90245 US			3	kn008481	()	•	
					(danim 6)			19 (1077)) 1070) ID ((88) (II) (188)
2 Principal P	Tace of Business	3. Mailing Address							
ar y thought took of debitors		a. managradus		I ACTUAL II	i Sèret bimi deng semper	M 10169 ANSI (17)	H LAWA LAWA HA C	TH MITH	
Suite, Apt. #. etc.		Suite, Apt. *, etc.		01132006	Ch= 11 C	CDOEN	2 (44/05)		
				01132000	Chg-LLC	CRZEUC	3 (11/05)		
City & State		City & State		4. FEI Numb	-45189	< >		oplied For	
Zio Country		Zip Country			<u>۲۶</u>	-93161			n Applicable
Zip	Country	Zíp Coun		y	5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address of Current F	l	T		7. Name and	Address of New R			<u> </u>
,		Name							
SCOTT, BI		Ctreat Address		0.0.0	is black to a sectable	-1			
	. 17TH WAY, STE. 306	Street Address		P.O. Box Numi	er is not acceptable	e)			
FI. LAUDE	ERDALE, FL 33309		Γ						
				City				Zip Cod	
							<u>FL</u>		
B. 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.									
the obligations of registered agent.									
SIGNATURE									
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Fiorida Department of State					
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	CHANGES		
MILE	MGR	☐ Detete	MILE					Change	Addition
NAME	URBAN POINTE MANAGEMENT	, INC	NAME						
STREET ADDRESS CITY-ST-ZIP	525 SOUTH DOUGLAS STREET EL SEGUNDO, CA 90245		STREET CITY+5	T ADDRESS					
	MGRM		-					[] (h	
TITLE NAME	NETWORK SERVICES, LLC	Determ	MAME	}				Change	Addition i
STREET ADDRESS	525 SOUTH DOUGLAS STREET			T ADDRESS					
CITY-ST-ZIP	EL SEGUNDO, CA 90245		CITY-S	ST-ZIP					
MILE		☐ Delete	TITLE	i				Change	☐ Addition
NAME			NAME						
STREET ADDRESS				T ADORESS					
CITY-ST-ZIP			CITY-S	51-209					
TITLE	ì							☐ Change	☐ Addition
NUE	1	Delete	TILE						- 1
		∐ Deleta	NAME	T 1000000					1
STREET ADDRESS		∐ Del±ta	NAME	T ADDRESS ST-ZIP					
STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S						Addition
STREET ADDRESS		☐ Delete	NAME STREET					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZEP TITLE			STREET CITY-S TITLE NAME						☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			STREET CITY-S TITLE NAME	ST-ZIP T ADDRESS					Addation
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET CITY-S TITLE NAME STREET	ST-ZIP T ADDRESS					Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ Deleta	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME	T ADDRESS ST-ZIP				□ Change	
STREET ADDRESS CITY-51-28P TITLE NAME STREET ADDRESS CITY-51-28P TITLE NAME STREET ADDRESS		□ Deleta	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP				□ Change	
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE HAME STREET ADDRESS CITY-SI-ZIP		☐ Delete ☐ Delete	NAME STREET CITY-S TITLE NAME STREET LITLE NAME STREET CITY-S CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated indicated	certify that the information supplied with I on this report is true and accordate and ability company or the receive for trustee	Delete Delete this filing does not qualify for that my signature shall have it	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET	T ADDRESS ST-ZP T ADDRESS ST-ZP ptions contained ingal effect as if m	ade under oatl	n; that I am a manag	uther certify	Change Change	Addition mation
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated indicated	I on this report is true and accordiate and I	Delete Delete this filing does not qualify for that my signature shall have it	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET	T ADDRESS ST-ZP T ADDRESS ST-ZP ptions contained ingal effect as if m	ade under oatl	n; that I am a manag	arther certify ing member	Change Change that the info	Addition