2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000698 1. Entity Name 00 MAY -9 AM 9: 50 SOFTWARE ADVERTISING INTERNATIONAL BUSINESS, L.L. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1861 NORTH FEDERAL HIGHWAY, SUITE 104 1861 NORTH FEDERAL HIGHWAY, SUITE 104 HOLLYWOOD FL 33020-2827 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FELNumber Applied For City & State City & State 65-0893920 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Addition TITLE **MGR** Details TITLE Change KAME FERRON, PIERRE NAME STREET ADDRESS STREET ADDRESS 1861 NORTH FEDERAL HIGHWAY, SUITE 104 CITY- ST- ZIP CITY- ST- ZIP **HOLLYWOOD FL 33020** ☐ Change Addition Delete TITLE TITLE MEM 200003278392 NEMS MAME FERRON, PIERRE -06/06/00--01074--010 STREET ADDRESS RIREFT AMORESS 1861 NORTH FEDERAL HIGHWAY, SUITE 104 CITY- ST- ZIP *****50.00 *****50.00 CITY- ST- 7IP HOLLYWOOD FL 33020 Addition | TITLE TITLE NAME NAME **BILGER, CATHERINE** STREET ADDRES STREET ADDRESS :1861:NORTH:FEDERAL=HIGHWAY;-SUITE_104_ CITY-ST-ZIP CITY-8T-ZIP HOLLYWOOD FL 33020 ☐ Changa ☐ Addition TITLE TITLE NAME NAME BILGER, CATHERINE STREET ADDRESS STREET ACORESS 1861 NORTH FEDERAL HIGHWAY, SUITE 104 CITY-81-ZIP CITY-8T-ZIP HOLLYWOOD FL 33020 Addition Addition TITLE ☐ Delate TITLE Change NAME NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY- ST- ZIP ☐ Detate Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SAFATURE RIPATEURS D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/29/2000

Daytime Phone #

CR2E08(1,9/99)

APPROVED