## DOCUMENT # L9900000698

SOFTWARE ADVERTISING INTERNATIONAL BUSINESS, L.L. .C.

Principal Place of Business 1861 NORTH FEDERAL HIGHWAY, SUITE 104

Principal Place of Business

Mailing Address

HOLLYWOOD FL 33020

1861 NORTH FEDERAL HIGHWAY, SUITE 104

HOLLYWOOD FL 33020

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED** Apr 22, 2002 8:00 am § Secretary of State

04-22-2002 90231 029 \*\*\*\*50.00



|                              |  | 3. Mailing Address            | Suite, Apt. #, etc.               |                          | 1841 BAB 18428 BBIA BBIA BBAA | <b>as</b> iik baiki obi |   | 1874) ilii iloi             |       |
|------------------------------|--|-------------------------------|-----------------------------------|--------------------------|-------------------------------|-------------------------|---|-----------------------------|-------|
|                              |  | Suite, Apt. #, etc.           |                                   |                          | DO NOT WRITE IN THIS SPACE    |                         |   |                             |       |
| City & State C               |  | City & State                  | City & State                      |                          | ober 65-089342                | 0                       | _ <del>                                    </del> | oplied For<br>ot Applicable | ]     |
| Zip                          | Country  | Zip                           | Country                           | 5. Certifica             | te of Status Desired          |                         | 5.00 Add  | ditional                    | 1     |
|                              | 6. Name and Address of Current                       | Registered Agent              | <u> </u>                          | 7. Name a                | nd Address of New Re          |                         |   |                             | 1     |
| SPI                          | EGEL & UTRERA, P.A.                                  |                               | Name                              |                          |                               |                         | · · ·   |                             | ]     |
|                              | ALMERIA AVENUE<br>RAL GABLES FL 33134                | <i>p.</i> .                   | Street Addre                      | SS (F.O. BOX NUIT        | iber is Not Acceptable        |                         |   |                             |       |
|                              |  |                               | City                              |                          |                               | FL                      | Zip Cod   | е                           | 1     |
| 8. The above                 | named entity submits this statement fo               | r the purpose of changing its | registered office or reg          | istered agent, or b      | ooth, in the State of Flor    | ida.                    | ·   |                             | 1     |
|                              |  |                               | ~                                 |                          |                               |                         |   |                             |       |
| SIGNATURE .                  | Signature, typed or printed name of registered agent | and title if applicable. (NOT | E: Registered Agent signature red | quired when reinstating) |                               | DATE                    |   |                             |       |
|                              |  |                               | OW!!! FEE IS \$50.                |                          |                               |                         |   |                             |       |
|                              |  |                               | e By May 1, 2002                  | it of State              |                               |                         |   |                             |       |
| 9.                           | MANAGING MEMBE                                       |                               | 10.                               |                          | ADDITIONS/0                   | DUANCEO                 |   |                             | 1     |
| TITLE                        | MGR  | Delete                        | TITLE                             |                          | ADDITIONS/                    |                         | Change  | ☐ Addition                  | 19    |
| IAME                         | FERRON, PIERRE                                       | □ Delete                      | NAME                              |                          |                               | ı                       | Change  | ☐ Addition                  | (9/01 |
| STREET ADDRESS               | 1861 NORTH FEDERAL HIGHWA                            | AY, SUITE 104                 | STREET ADDRESS                    |                          |                               |                         |   |                             | FOR3  |
| CITY-ST-ZIP                  | HOLLYWOOD FL 33020                                   |                               | CITY-ST-ZIP                       |                          |                               |                         |   |                             | 2FC   |
| TLE                          | MEM  | ☐ Delete                      | TITLE                             |                          |                               | (                       | Change  | ☐ Addition                  | 5     |
| IAME                         | FERRON, PIERRE                                       | LV OUTE 464                   | NAME                              |                          |                               |                         |   |                             |       |
| TREET ADDRESS<br>DITY-ST-ZIP | 1861 NORTH FEDERAL HIGHW/<br>HOLLYWOOD FL 33020      | STREET ADDRESS<br>CITY-ST-ZIP |                                   |                          |                               |                         |   | ]                           |       |
| TITLE                        | MGR  | Delete                        | TITLE                             |                          |                               | <u> </u>                | 7.05  | □ Addison                   | 1     |
| IAME                         | BILGER, CATHERINE                                    | ← Delete                      | NAME                              |                          |                               | L                       | Change  | Addition                    |       |
| TREET ADDRESS                | 1861 NORTH FEDERAL HIGHWA                            | AY, SUITE 104                 | STREET ADDRESS                    |                          |                               |                         |   | <b></b>                     |       |
| ITY-ST-ZIP                   | HOLLYWOOD FL 33020                                   |                               | CÎTY-ST-ZIP                       |                          |                               |                         |   |                             | [     |
| ITLE                         | MEM  | ☐ Delete                      | TITLE                             |                          | <u> </u>                      |                         | Change  | ☐ Addition                  |       |
| AME                          | BILGER, CATHERINE                                    |                               | NAME                              |                          |                               |                         |   |                             | ĺ     |
| TREET ADDRESS                | 1861 NORTH FEDERAL HIGHWA                            | AY, SUITE 104                 | STREET ADDRESS                    |                          |                               |                         |   |                             | Ì     |
|                              | HOLLYWOOD FL 33020                                   |                               | CITY-ST-ZIP                       |                          |                               | <u>-</u>                |   |                             |       |
| ITLE<br>AME                  |  | ☐ Delete                      | TITLE<br>NAME                     |                          |                               |                         | Change  | Addition                    |       |
| TREET ADDRESS                |  |                               | STREET ADDRESS                    |                          |                               |                         |   |                             |       |
| ITY-ST-ZIP                   |  |                               | CITY-ST-ZIP                       |                          |                               |                         |   |                             |       |
| ITLE                         |  | ☐ Delete                      | TITLE                             |                          |                               |                         | 7 Change  | Addition                    | ĺ     |
| AME .                        |  |                               | NAME                              |                          |                               |                         |   |                             | ĺ     |
| TREET ADDRESS                |  |                               | STREET ADDRESS                    |                          |                               |                         |   |                             |       |
| ITY-ST-ZIP                   |  |                               | CITY-ST-ZIP                       |                          |                               |                         |   |                             | ĺ     |

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:** 

342002

Daytime Phone #