

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 10: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001218

1. Entity Name
PACIFIC MARKETING NETWORK, L.L.C

Principal Place of Business 1515 SOUTH FLAGLER DRIVE, NUMBER 2802 WEST PALM BEACH FL 33401	Mailing Address 1515 SOUTH FLAGLER DRIVE, NUMBER 2802 WEST PALM BEACH FL 33401-7161
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 224 Datura St #513 Suite, Apt. #, etc. 513 City & State West Palm Beach, FL Zip 33401 Country USA	3. Mailing Address 224 Datura St Suite, Apt. #, etc. #513 City & State West Palm Bch, FL Zip 33401 Country USA
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4. FEI Number 65-0902583 Applied For Not Applied For
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KANAHELE, MARCUS C.
931 VILLAGE BLVD., SUITE 905477
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name Marcus C. Kanahale
Street Address (P.O. Box Number is Not Acceptable) 224 Datura St #513
City West Palm Bch FL Zip Code 33401

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 *Marcus C. Kanahale* DATE 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANAHELE, MARCUS C 1515 SOUTH FLAGLER DRIVE, NUMBER 2802 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 224 Datura St #513 West Palm Bch, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003256550--9 -05/18/00--01010--007 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marcus C. Kanahale* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
DATE 4/25/00 DATE
DAYTIME PHONE # 561-651-7255 DAYTIME PHONE #