

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000001218

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

00 MAY -1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



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

4. FEI Number 65-0902583
Applied For Not Applicable

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

10. ADDITIONS / CHANGES

TITLE NAME 224 Datura St #513 West Palm Bch, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 000003256550--9 -05/18/00--01010--007 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* DATE 4/25/00 DAYTIME PHONE 561-651-7255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER