

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001311

1. Entity Name  
MHE PROJIX, LLC

Principal Place of Business Mailing Address  
1862 MINTWOOD PLACE NORTHWEST, SUITE 104 1862 MINTWOOD PLACE NORTHWEST, SUITE 104  
WASHINGTON DC 20009-1947 WASHINGTON DC 20009-1947

2. Principal Place of Business 3. Mailing Address  
1700 NE 9TH AVE 4TH CT. 1700 NE 4TH AVE CT  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301  
Zip Country Zip Country  
33301 BROWARD 33301 BROWARD

4. FEI Number 65-0910917 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
CORPORATION SERVICE COMPANY DAVID J. SIMONETTI  
1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable)  
TALLAHASSEE FL 32301-2525 2455 E. SUNRISE BLVD, SUITE 511  
City FORT LAUDERDALE FL Zip Code 33304

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 MGR 4/24/00  
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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MHE, INC.		NAME		
STREET ADDRESS	15245 SHADY GROVE ROAD SUITE 400		STREET ADDRESS		
CITY - ST - ZIP	ROCKVILLE MD 20850		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROJIX CORPORATION		NAME		
STREET ADDRESS	1845 MINTWOOD PLACE NW SUITE 104		STREET ADDRESS		
CITY - ST - ZIP	WASHINGTON DC 20009-1947		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KT VENTURES, LLC		NAME		
STREET ADDRESS	39 BROADWAY, SUITE 2704		STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY 10006		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTIC-SMITH, THOMAS		NAME		
STREET ADDRESS	192 LAWTON ROAD		STREET ADDRESS		
CITY - ST - ZIP	RIVERSIDE IL 60546		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELENOWITZ, MARK		NAME		
STREET ADDRESS	15245 SHADY GROVE ROAD, SUITE 400		STREET ADDRESS		
CITY - ST - ZIP	ROCKVILLE MD 20850		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONETTI, DAVID		NAME		
STREET ADDRESS	516 NE 9TH AVENUE		STREET ADDRESS	1700 NE 4TH CT.	
CITY - ST - ZIP	FT LAUDERDALE FL 33301		CITY - ST - ZIP	FORT LAUDERDALE, FL 33301	

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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/24/00 (954) 333-4310  
Date Daytime Phone #

CR 2E083 (9/99)