

2001 UNIFORM BUSINESS REPORT (UBR)

L99000002048

DOCUMENT # L99000002048
 1. Entity Name
 Resort Network, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 JUL 17 PM 3:36

Principal Place of Business Mailing Address
 c/o WLMC Registered Agents, Inc.
 701 Brickell Avenue, Suite 2000
 Miami, Florida 33131

9/29/00

2. Principal Place of Business 3. Mailing Address
 5805 Blue Lagoon Dr. 5805 Blue Lagoon Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 410 Suite 410

DO NOT WRITE IN THIS SPACE

City & State City & State
 Miami, Florida Miami, Florida
 Zip Country Zip Country
 33126-2032 USA 33126-2032 USA

4. FEI Number Applied For.
 65-0929585 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WLMC Registered Agents, Inc.
 701 Brickell Avenue, Suite 2000
 Miami, Florida 33131

7. Name and Address of New Registered Agent
 Name Berkowitz Dick Pollack & Brant, LLP
 Street Address (P.O. Box Number is Not Acceptable)
 One Southeast Third Avenue
 15th Floor
 City Miami FL Zip Code 33131

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 P.E. CPA BERKOWITZ DICK POLLACK & BRANT, LLP DATE 7/12/2009
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete International Marketing of America 10996 N.W. 58 Terrace Miami, Florida <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 type="checkbox"/> Change <input type="checkbox"/> Addition 20000484342--1 -07/18/01--01051--001 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition UBR 00 50 UBR 01 50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Rein 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200.00 np
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 606, Florida Statutes.

SIGNATURE: [Signature] DATE 7/12/2001 DAYTIME PHONE # 305 960-1252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)