

2001 UNIFORM BUSINESS REPORT (UBR)

0020439 AF

DOCUMENT # L99000002281

1. Entity Name
BLACKBOX TECHNOLOGIES INTERNATIONAL, LLC

FILED

01 FEB 21 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business 201 8TH STREET SOUTH, SUITE 200 NAPLES FL 34102 | Mailing Address 201 8TH STREET SOUTH, SUITE 200 NAPLES FL 34102 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number 59-3573944 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent CLASP INC. % CUMMINGS & LOCKWOOD 3001 TAMiami TRAIL NORTH, 4TH FLOOR NAPLES FL 34103 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM BAKER, JOHN L IV 5845 22ND AVENUE SW NAPLES FL 34116 <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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: [Signature] Date: 12 Jan 01 Daytime Phone #: 941 430 6060

CR2E083 (11/00)