LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 20, 2002 8:00 am Secretary of State

DOCUMENT #	03-20-2002 90040 034 ****55.00
1. Entity Name ABB Infocom, LLC	
7011 11,100011, 220	
DO NOT WRITE IN THIS SPA	CE
2. Principal Place of Business 155 S. Mismi Avenue Sam	
Suite, Apt. #, etc. PH II-D Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State City & State	TE / 4. FEI Number 65-0953294 Applied For Not Applicable
	ountry 5. Certificate of Status Desired \$5.00 Additional Fee Required
	7. Name and Address of Current Registered Agent
DO NOT WRITE	American Information Services, Inc. Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	28 th Floor
	City Miami FL Zip Code 3313)
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 Signature, typed or printed name of registered agent and title if applicable.	DATE
,	IS \$50.00
·-	le to Department of State BY MAY 1
9. MANAGING MEMBERS/MANAGERS TITLE MGRM	TILLE (5
NAME Sealanders, Inc.	NAME (2)
STREET ADDRESS 1550 Brickell Avenue, Apt. A203 S CITY-ST-ZIP Miami, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME
	TITLE ON THE ON
	STREET ADDRESS CITY-ST-ZIP
	TITLE NAME
STREET ADDRESS S	STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TIFLE	IN THIS SPACE
STREET ADDRESS S	STREET ADDRESS
	CITY-ST-ZIP
	NAME STREET ADDRESS
CITY-ST-ZIP C	CITY-ST-ZIP
NAME N.	AAME .
CITY-ST-ZIP C	STREET ADDRESS . CITY-ST-ZIP
11. I hereby certify that the information supplied with this filling does not qualify for the eindicated on this report is true and accurate and that my signature shall have the satisfied liability company or the register	exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath: that I am a managing member or manager of the tas required by Chapter 608, Florida Statutes.
	t as required by Chapter boo, Florida Statutes.