# 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L99000008438

**1.** Entity Name

KDAF, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 7380 SAND LAKE ROAD, SUITE 600 ORLANDO FL 32819 | 7380 SAND LAKE ROAD, SUITE 600 ORLANDO FL 32819 |

| 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   NOT APPLICABLE   [X] Applied For / Not Applicable

**5.** Certificate of Status Desired [X]   **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| A.G.C. CO. 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801 | 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 _____

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  NAME FARWELL, ROGER  STREET ADDRESS 7380 SAND LAKE RD.  CITY-ST-ZIP ORLANDO FL 32819 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change  ☐ Addition |
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*****55.00

**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: _Roger Farwell, Managing Member_   4/30/01   407-226-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #