5/12

FILED
Jul 04, 2002 8:00 am
Secretary of State
05-12-2002 90579 047 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000414

1. Entity Name
SOURCETRACK LLC

[redacted]

Principal Place of Business	Mailing Address
5870 WEST CYPRESS ST. TAMPA FL 33607	5870 WEST CYPRESS ST. TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	3900 Paradise Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite B, PMB #119
City & State	City & State Las Vegas, NV
Zip / Country	Zip 89109 Country USA

4. FEI Number 36-4310266 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HELMAN, ERIC
~~5870 WEST CYPRESS ST.~~ 5312 Crescent Drive
Suite 200
TAMPA FL 33607 Tampa, FL 33611

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME HELMAN, ERIC T STREET ADDRESS 5870 W. CYPRESS ST STE C CITY-ST-ZIP TAMPA FL	☒ Delete	TITLE MANAGER NAME BMA Investments Corporation STREET ADDRESS 3993 Howard Hughes Parkway Suite 830 CITY-ST-ZIP Las Vegas, NV 89109	☐ 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
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

CR2E083 (9/01)

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 REQ David Lipson President of BMA Investments Corp, 4-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

BMA Investments Corp, Manager of Source Track, LLC.