


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

AMENDED

| | |
|---|---|
| DOCUMENT # M00000001984 |  |
| 1. Entity Name Technology Center of the Americas, LLC | |

FILED
03 OCT 31 PM 12:51
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 2601 South Bayshore Drive Suite, Apt. #, etc. 9th Floor City & State Miami, FL Zip 33133 Country USA | 3. Mailing Address 2601 South Bayshore Drive Suite, Apt. #, etc. 9th Floor City & State Miami, FL Zip 33133 Country USA |
|---|---|

| | |
|---|--------------------------------------|
| 4. FEI Number 651086617 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

Signature

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

| | |
|--|----------------------|
| 7. Name and Address of Current Registered Agent | |
| Name Robert D. Sichta | |
| Street Address (P.O. Box Number is Not Acceptable) 2601 South Bayshore Drive, 9th Floor | |
| City Miami | FL Zip Code 33133 |

| |
|--|
| 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. I am familiar with, and accept the obligations of registered agent. |
| SIGNATURE <i>Robert D. Sichta</i> 10-30-03 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> |

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

| | | | |
|---|---|---|---------------------------------------|
| 9. MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Managing Member TECOTA Services Corp. 2601 South Bayshore Drive, 9th Floor Miami, FL 33133 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000024334490 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**AMENDED
2003
UBR**

CR2E083B (12/02)

| | | | |
|--|-----------------|---------------------|--------------------------------|
| 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: <i>Robert D. Sichta</i> | 10-30-03 | 305-856-3200 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date</small> | <small>Daytime Phone #</small> |



CORPORATION SERVICE COMPANY

M00000001984

ACCOUNT NO. : 072100000032

REFERENCE : 303616 5174419

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 85.00

ORDER DATE : October 31, 2003

ORDER TIME : 11:10 AM

ORDER NO. : 303616-010

CUSTOMER NO: 5174419

CUSTOMER: Mr. Robert D. Sichta
Terremark Trademark
Suite 900
2601 South Bayshore Drive
Miami, FL 33133

FILED
03 OCT 31 PM 12:51
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

PK

NAME: TECHNOLOGY CENTER OF THE
AMERICAS, LLC

RECEIVED
03 OCT 31 AM 11:37
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 1155

EXAMINER'S INITIALS: _____