

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90074 043 \*\*\*\*50.00

**DOCUMENT # M00000002329**

1. Entity Name

**VICTORY NETWORKS, LLC**



Principal Place of Business

**995 STORY BOOK LANE  
OVIEDO FL 32765**

Mailing Address

**995 STORY BOOK LANE  
OVIEDO FL 32765**

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 **74-2976600**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEJAER, MARCI  
306 JAMESTOWN DRIVE  
WINTER PARK FL 32792**

"DE JAGER"  
CORRECT SPELLING  
ABOVE

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **FOLLMER, TODD W**  
STREET ADDRESS **5956 SHERRY LANE, STE 1575**  
CITY-ST-ZIP **DALLAS TX**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **OHLAND, BILL M**  
STREET ADDRESS **6011 MORNINGSIDE AVE.**  
CITY-ST-ZIP **DALLAS TX**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **STERN, STEVE**  
STREET ADDRESS **397 N. SPAULDING COVE**  
CITY-ST-ZIP **HEATHROW FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **ARRINGTON, RICK**  
STREET ADDRESS **2585 KING CIRCLE**  
CITY-ST-ZIP **CONYERS GA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **ROOKS, MAREI**  
STREET ADDRESS **306 JAMESTOWN DR.**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **CHRISTOFF, CARL**  
STREET ADDRESS **13842 SPRUCEWOOD DR.**  
CITY-ST-ZIP **DALLAS TX**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Marci DeJager*

4-28-03

407-421-8957

CR2E083 (10/02)

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