

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90204 003 ****50.00

DOCUMENT # M00000002652

1. Entity Name

TERRA NETWORKS SALES, LLC

Principal Place of Business

**1201 BRICKELL AVENUE, SUITE 600
 MIAMI FL 33131**

Mailing Address

**1201 BRICKELL AVENUE, SUITE 600
 MIAMI FL 33131**

955698

2. Principal Place of Business

400-2 TOTTEN POND RD

3. Mailing Address

400-2 TOTTEN POND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WALTHAM, MA

City & State

WALTHAM, MA

Zip

02451

Country

USA

Zip

02451

Country

USA

4. FEI Number

52-2259007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MBR BELLOD, MANUEL** ☒ Delete
 STREET ADDRESS **1201 BRICKELL AVENUE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE NAME **MBR GARCIA-URGELES, ANTONIO** ☒ Delete
 STREET ADDRESS **1201 BRICKELL AVENUE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MBR TERRA NETWORKS OPERATIONS, INC.** ☐ Change ☒ Addition
 STREET ADDRESS **400-2 TOTTEN POND RD, ATTN: LEGAL DEPT.**
 CITY-ST-ZIP **WALTHAM, MA 02451**

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 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] SIGNATURE REQUIRED

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

BRIAN LUCY - VP, TREASURER, SEC-Y ; MARCH 8, 2002

781-370-2700

CR2E083 (9/01)