FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 PM 3:41

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000673

1. Entity Name
COMPUTER INCENTIVES, L.L.C.

Principal Place of Business	Mailing Address
2194 MAIN ST UNIT K DUNEDIN, FL 34698	2194 MAIN ST UNIT K DUNEDIN, FL 34698

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
663 Frederica Lane	663 Frederica Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin	City & State: Dunedin
Zip: 34698 Country: USA	Zip: 34698 Country: USA

4. FEI Number: 74-2829806 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLOSTER, JOHN 2194 MAIN ST UNIT K DUNEDIN, FL 34698	Name: Kloster, John Street Address (P.O. Box Number is Not Acceptable): 663 Frederica Lane City: Dunedin FL Zip Code: 34698

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: John Kloster, Manager DATE: 6/23/03
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 Florida Department of State
Due By May 1st 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KLOSTER, JOHN 2194 MAIN ST UNIT K DUNEDIN, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Kloster, John 663 Frederica Lane Dunedin, FL 34698	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ENRIGHT, BRUCE 8320 NIEMAN RD LENEXA, KS 66214	☐ 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	200021181592 06/30/03--01004--003 **50.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: [signature] 6/23/03 (913) 894-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #