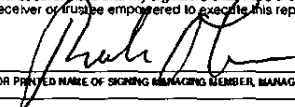


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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 PM 3:41

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000000673			
1. Entity Name COMPUTER INCENTIVES, L.L.C.			
Principal Place of Business 2194 MAIN ST UNIT K DUNEDIN, FL 34698		Mailing Address 2194 MAIN ST UNIT K DUNEDIN, FL 34698	
2. Principal Place of Business 663 Frederica Lane		3. Mailing Address 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 KLOSTER, JOHN 2194 MAIN ST UNIT K DUNEDIN, FL 34698		7. Name and Address of New Registered Agent 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 date if applicable. (NOTE: Registered Agent's signature required when submitting.)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 17 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	MBR 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	200021181392 ☐ Change ☐ Addition 06/30/03--01004--003 **50.00
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
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:  DATE 6/23/03 (913) 894-0708 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2003 (10/02)