2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
05-30-2002 91597 022 ****50.00

96173

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000001528

1. Entity Name
NETWORK SERVICES, LLC

Principal Place of Business
525 SOUTH DOUGLAS ST.
EL SEGUNDO CA 90245

Mailing Address
525 SOUTH DOUGLAS ST.
EL SEGUNDO CA 90245

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 95-4518953 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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: Pres/CEO ~~Manager Member~~ ☐ Delete
NAME: Brad Scott MGRM
STREET ADDRESS: 525 S. Douglas St
CITY-ST-ZIP: El Segundo, CA 90245

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

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10. ADDITIONS/CHANGES

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

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

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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: SIGNATURE REQUIRED Tax Manager 5/23/02 201.464.5544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (9/01)