LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2002 8:00 am
Secretary of State
06-26-2002 90070 017 ****50.00

DOCUMENT # M01000002293

1. Entity Name
BAK Communications, LLC

DO NOT WRITE IN THIS SPACE

B0125802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1108 E. 17th Street	1720 Windward Concourse
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 250
City & State: Santa Ana CA	City & State: Alpharetta, GA
Zip: 92701 Country: USA	Zip: 30005 Country: USA

4. FEI Number 33-0975728 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: TCS Corporate Services,Inc.
Street Address (P.O. Box Number is Not Acceptable): 1406 Havs Street. Suite 2
City: Tallahassee FL Zip Code: 32301

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	President/Director
NAME	Rabih Aridi
STREET ADDRESS	1108 E. 17th Street
CITY-ST-ZIP	Santa Ana CA 92701
TITLE	Secretary
NAME	William J. Nolan
STREET ADDRESS	1108 E. 17th Street
CITY-ST-ZIP	Santa Ana CA 92701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: R. Arid Randy Reategui-Controller 4/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #