

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90555 020 ****50.00

DOCUMENT # M01000002293

1. Entity Name
BAK COMMUNICATIONS, LLC



Principal Place of Business
**1108 E. 17TH STREET
SANTA ANA, CA 92701**

Mailing Address
**1720 WINDWARD CONCOURSE
STE 250
ALPHARETTA, GA 30005**

24029881



2. Principal Place of Business
444 South Flower Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4188

City & State
Los Angeles CA

City & State

Zip
90071

Country
USA

Zip

Country

02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
33-0975728

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

**TCS CORPORATE SERVICES, INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PD ☐ Delete
NAME ARIDI, RABIH
STREET ADDRESS 444 SOUTH FLOWER STREET, SUITE 4188
CITY-ST-ZIP LOS ANGELES, CA 90071

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

TITLE S ☐ Delete
NAME NOLAN, WILLIAM J
STREET ADDRESS 444 SOUTH FLOWER STREET, SUITE 4188
CITY-ST-ZIP LOS ANGELES, CA 90071

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

RABIH ARIDI

2-16-04

Date

213-688-8838

Daytime Phone #