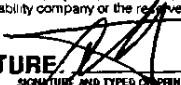


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90580 029 ***150.00

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

30066822

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	
2. Principal Place of Business 444 South Flower St		3. Mailing Address	
Suite, Apt. #, etc. Suite 4188		Suite, Apt. #, etc.	
City & State Los Angeles CA		City & State	
Zip 30071		Country	
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 TCS CORPORATE SERVICES, INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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's signature required when electing)			
DATE			
FILE NOW! FEE IS \$50.00 Make Check Payable to Florida Department of State 1105 DuSable Mall, Tallahassee, FL 32301-0000			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARIDI, RABIH 1108 E 17TH STREET SANTA ANA, CA 92701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	444 South Flower Street Suite 4188 Los Angeles CA 90071 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOLAN, WILLIAM J 1108 E. 17TH STREET SANTA ANA, CA 92701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	444 South Flower Street Suite 4188 Los Angeles CA 90071 ☒ 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
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 60B, Florida Statutes.			
SIGNATURE 		213-688-8838	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CR2003 (10/02)