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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	Mailing Address
1108 E. 17TH STREET SANTA ANA, CA 92701	1720 WINDWARD CONCOURSE STE 250 ALPHARETTA, GA 30005

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
444 South Flower St			
Suite, Apt. #, etc.: Suite 4188		Suite, Apt. #, etc.	
City & State: Los Angeles CA		City & State	
Zip: 30071	Country	Zip	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	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

FILE NOW!!! FEE IS $50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

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	☑ Change ☐ Addition 444 South Flower Street Suite 4188 Los Angeles CA 90071
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	☑ Change ☐ Addition 444 South Flower Street Suite 4188 Los Angeles CA 90071
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CR2E083 (10/02)

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] RABIH ARIDI, PD 213-688-8838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #