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

## DOCUMENT # M0100002582

1. Entity Name

AXS2NET, L.L.C.



Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90005 033 \*\*\*\*50.00

Principal Place of Business BOD DAUCHTH LANE BOD DAUCH HAME BOD DAUCHTH LANE BADDATE OF Personal Registered Agent Screek Address (PO Bos humber is Not Acceptable)  6. Name and Address of Current Registered Agent Policy Screek Address (PO Bos humber is Not Acceptable)  KOERNER, STEVEN D - Screek Address (PO Bos humber is Not Acceptable)  6. This absone named unity, submits this statement for the purpose of changing its registered agent, or both, in the State of Boths. It win familiar with, and accept the elocyptions of registered agent or registered agent and address (PO Bos humber is Not Acceptable)  FILE NOW!!! FEE IS \$50.00  Make Check Populate in Find Address (PO Bos humber is Not Acceptable)  FILE NOW!!! FEE IS \$50.00  Make Check Populate in Find Address (PO Bos humber is Not Acceptable)  FILE NOW!!! FEE IS \$50.00  Make Check Populate in Find Address (PO Bos humber is Not Acceptable)  FILE NOW!!! FEE IS \$50.00  Make Check Populate in Find Agent Agent reported agent on both, in the State of Fortida, I aim familiar with, and accept the ecologications of registered agent or registered agent on both, in the State of Fortida, I aim familiar with, and accept the ecologications of registered agent or registered agent or both, in the State of Fortida, I aim familiar with, and accept the ecologications of registered agent or both in the State of Fortida, I aim familiar with and accept the ecologications of registered agent or both in the State of Fortida, I aim familiar with and accept the ecologications of registered agent											
### PAREAM FL 20016    Suite April •   office	Principal Plac	ce of Business	Mailing Address		<u> </u>						
Suite. Apt. M. etc.   Suite. Apt. M. etc.   Suite. Apt. M. etc.   City & State   City & State   A. FEI Number   65-1124341   Applicable for Inter-Applicable of City & State   A. FEI Number   65-1124341   Applicable for Inter-Applicable of City & State   A. FEI Number   65-1124341   Applicable for Inter-Applicable of City & State   A. FEI Number   65-1124341   Applicable for Inter-Applicable of City & State   A. FEI Number   65-1124341   Applicable for Inter-Applicable of City & State   A. FEI Number   65-1124341   Applicable for Inter-Applicable of City & State   A. FEI Number   65-1124341   Applicable of Fein Required Applicable of City & State   A. FEI Number   65-1124341   Applicable of Fein Required Applicable of City & State   A. FEI Number   65-1124341   Applicable of Fein Required Applicable of F											
City & State    City & State   City & State   City & State   Country   Zip   Country   S. Certificate of Status Desired   S. Status Applicable   Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent   State Operation   The State of Fine Registered Agent   The Country   The City   FL   Zip Code	2. Principal F	Place of Business	3. Mailing Address	<u> </u>		_					
Zip Country Zip Country 5. Certificate of Status Desside So. S.	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Country   Country   Cip   Country   St. Certificate of Status Desirée   S5.00 Additional Fee Requirement   Fee Require	City & State		City & State			4. FEI Num	65-1124341			<del>``</del>	
Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name	Zip Country		Zip	Zip Country		5. Certifica	te of Status Desired		\$5.00 Ad	Iditional	
Nome		6. Name and Address of Curre	ent Registered Agent			7. Name a	nd Address of New Re				
Street Address (P.C. Box Number is Not Acceptable)    Richard Street Address (P.C. Box Number is Not Acceptable)					Name						
HIALEAH FL 33016			· • • • • • • • • • • • • • • • • • • •	÷	Street Address	(P.O. Box Num	ber is Not Acceptable)				
R. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Price   Pr						<del></del>					
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Part   Par					City				Zin Cor		
THE OBJIGATIONS of registered agent.  SIGNATURE  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 TARR, LORIN A 3 ABERNATHY ROAD SIREFA NORESS CITY-ST-2P ATANTA GA 30328  TITLE MARE MOR MOR MOR MOR OBJALKETH LANE HIALEAH FL 33016  TITLE NAME SIREFA NORESS CITY-ST-2P  TIT			<del></del>		L						
Signature, hyped or printed registered agent and time 1 applications. (INCTE: Registered agent agent applies and revisable in the File. NOW!!! FEE Is SSO.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TARR, LORIN A 43 ABERNATHY ROAD TARR, LORIN A 43 ABERNATHY ROAD TILLE MGR MGR TARR, LORIN A 43 ABERNATHY ROAD TILLE MGR MGR TILLE MGR TILLE MGR MGR TILLE MGR MGR TILLE MGR MORE SIRRET ADDRESS CITY-51-2IP TILLE MGR MORE SIRRET ADDRESS CITY-51-2IP TILLE MAME SIRRET ADDRESS CITY-51-2IP			t for the purpose of changing its	s registere	ed office or regist	ered agent, or b	oth, in the State of Flori	da. lam ta	amiliar with,	, and accept	
S. MANAGING MEMBERS MANAGERS 10. ADDITIONS / CHANGES TITLE NAME TARR, LORIN A 43 ABERNATHY ROAD ATLANTA GA 30328 TITLE MGR OLIV-ST-2P HALEAH FL 33016 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAM	SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered	d Agent signature requir	red when reinstating)		DATE			
9. MANAGING MEMBERS MANAGERS 10. ADDITIONS / CHANGES  TITLE MARK NAME TARR, LORIN A 43 ABERNATHY ROAD ATLANTA GA 30328  CITY-ST-2IP  TITLE MARK KOERNER, STEVEN D SIRRET ADDRESS CITY-ST-2IP TITLE NAME SIRRET ADDRESS CITY-ST			Make Check Payab	ole to Flo	orida Departm						
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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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dim ATIMATION (Managing Member) 4-2-03 (404)564-1001 Date

Daytime Phone #