2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FII ED DOCUMENT # M02000000497 1. Entity Name ADVANCED DATA DESIGN LLC 03 MAR 25 AM 10: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O BURTON BARTLETT & GLOGOVAC C/O BURTON BARTLETT & GLOGOVAC 50 W LIBERTY ST STE 650 50 W LIBERTY ST-STE 650 RENO, NV 89501 RENO. NV 89501 2. Principal Place of Business Mailing Address 570*0* Commerci Suite, Apt. #, etc. Suite. Apt. #. etc. ☑ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 88-0407793 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STAPLES, JOHNSTON R III hara 3600 COMMERCE BLVD Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34741 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 fa the obligations of registered agent. SIGNATURE ed Agentsignature required when reinstating) 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 MGR CR2E083 (10/02) ☐ Del*e*te TITLE Addition Change BAKER, RICHARD W NAME NAME STREET ADDRESS 2535 SUCCESS DR STREET ADDRESS CMY-ST-ZIP ODESSA, FL 33556 CITY-ST-ZIP - 300014673 03/25/03--01043--07 TITLE MGR ☐ Delete TITLE NAME SPEER, ROY M NAME STREET ADDRESS 2535 SUCCESS DR STREET ADDRESS CHY-ST-ZIP ODESSA, FL 33556 CITY -ST-7IP TITLE ☐ Defete Addition TITLE Change 30001467933 NAME NAME STREET ADDRESS STREET ADDRESS n3/25/03--01043--008 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CDY-ST-20 CITY -ST-2IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CffY-S1-71P CITY -ST-2IP 1(1) F ☐ Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 508, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE