

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

DOCUMENT # M 98000000528

1. Entity Name

NOTEWORLD LLC

01 MAY -7 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1001 Pacific Ave., Suite 200  
Tacoma, WA 98402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4003060

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

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.

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 Department of State

**800004341608--2**  
**--06/05/01--01041--004**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
manager	Dave Haneline	1001 Pacific Ave., #200	Tacoma, WA 98402	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
manager	Patrick Weller	1001 Pacific Ave. #200	Tacoma WA 98402	<input type="checkbox"/>	<input type="checkbox"/>
manager	Linda Rensberg	1001 Pacific Ave. #200	Tacoma, WA 98402	<input type="checkbox"/>	<input type="checkbox"/>
manager	Eric B. Freeman	335 Madison Ave., Floor 19	New York, NY 10017	<input type="checkbox"/>	<input checked="" type="checkbox"/>
manager	Robert L. Weinstein	335 Madison Ave., Floor 19	New York, NY 10017	<input type="checkbox"/>	<input type="checkbox"/>
manager	Bruce J. Williams	335 Madison Ave., Floor 19	New York, NY 10017	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Linda Rensberg Linda Rensberg, Manager 4/30/01 620-7068 <sup>253</sup>

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

State

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CR2E083 (11/00)