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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE TALLAHASSEE, FLORIDA 500017821520 04/30/03--01122--010 \*\*50.00

DOCUMENT # M9800000528 1. Entry Name NOTEWORLD LLC



Principal Place of Business 1001 PACIFIC AVENUE, SUITE 200 TACOMA, WA 98402 Mailing Address 1001 PACIFIC AVENUE, SUITE 200 TACOMA, WA 98402

2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 13-4003060 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent 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's signature required when existing) 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

MGR WELLS, PATRICK 1001 PACIFIC AVENUE, SUITE 200 TACOMA, WA 98402

Change Addition

MGR REMSBERG, LINDA 1001 PACIFIC AVE. #200 TACOMA, WA 98402

Change Addition

MGR FREEMAN, ERIC B 335 MADISON AVE., FLOOR 19 NEW YORK, NY 10017

Change Addition

MGR WEINSTEIN, ROBERT L 335 MADISON AVE., FLOOR 19 NEW YORK, NY 10017

Change Addition

MGR WILLIAMS, BRUCE J 335 MADISON AVE., FLOOR 19 NEW YORK, NY 10017

Change Addition

Change Addition

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 included 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 506, Florida Statutes.

SIGNATURE: PWells 4/21/03 (253) 620-7014 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED 04/30/03 10:02