

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 17 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000300

1. Entity Name

THE FREE NETWORK, L.L.C.

Principal Place of Business

1607 E. BIG BEAVER RD., SUITE 105-201
TROY MI 48083

Mailing Address

1607 E. BIG BEAVER RD., SUITE 105-201
TROY MI 48083-2067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE 201

Suite, Apt. #, etc.

STE 201

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

MNM

4. FEI Number

38-3360921

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
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

900003239769--8
-05/04/00--01076--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME TERRACCIANO, VITALIANO
STREET ADDRESS 1607 E. BIG BEAVER RD., SUITE 105-201
CITY-ST-ZIP TROY MI 48083 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME TAYLES, BRAD
STREET ADDRESS 1607 E. BIG BEAVER RD., SUITE 105-201
CITY-ST-ZIP TROY MI 48083 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME RUTZ, DAVID
STREET ADDRESS 1607 E. BIG BEAVER RD., SUITE 105-201
CITY-ST-ZIP TROY MI 48083 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME LUZOD, TARA
STREET ADDRESS 1607 E. BIG BEAVER RD., SUITE 105-201
CITY-ST-ZIP TROY MI 48083 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

248-526-1000

CR2E083 (9/99)