

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000484

1. Entity Name

3DI FLORIDA, LLC

Principal Place of Business

28969 INFORMATION LN
EASTON MD 21601

Mailing Address

28969 INFORMATION LN
EASTON MD 21601

2. Principal Place of Business

327 Ridgewood Avenue

3. Mailing Address

28969 INFORMATION LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

Easton, MD

Zip

32117

Country

US

Zip

21601

Country

US

4. FEI Number

52-2156185

Applied For

Not Applicable

5. Certificate of Status Desired

--- \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004429714--7
-06/19/01--01060--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DEEL, MONTY L	
STREET ADDRESS	29111 NEWMAN ROAD	
CITY-ST-ZIP	EASTON MD 21601	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	DEEL, MONTY	
STREET ADDRESS	28969 INFORMATION LN	
CITY-ST-ZIP	EASTON MD 21601	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	BROUJOS, DOUG	
STREET ADDRESS	28969 INFORMATION LN	
CITY-ST-ZIP	EASTON MD 21601	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	NASON, DICK	
STREET ADDRESS	28969 INFORMATION LN	
CITY-ST-ZIP	EASTON MD 21601	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COTTINGHAM, MIKE	
STREET ADDRESS	28969 INFORMATION LN	
CITY-ST-ZIP	EASTON MD 21601	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	FISHER, VERLIN	
STREET ADDRESS	28969 INFORMATION LN	
CITY-ST-ZIP	EASTON MD 21601	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin J. Reardon	
STREET ADDRESS	9838 Palace Green way	
CITY-ST-ZIP	Vienna, VA 22181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E083 (11/00)

0030265 AB

FILED

01 MAY 30 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJA