

2002 UNIFORM BUSINESS RE

0002942

DOCUMENT # M99000000484

1. Entity Name

3DI FLORIDA, LLC

Principal Place of Business

327 RIDGEWOOD AVENUE
HOLLY HILL FL 32117

Mailing Address

1440 N. NOVA ROAD
SUITE 308
HOLLY HILL FL 32117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. 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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DEEL, MONTY L	
STREET ADDRESS	29111 NEWMAN ROAD	
CITY-ST-ZIP	EASTON MD 21601	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	CEO	<input type="checkbox"/> Delete
NAME	DEEL, MONTY	
STREET ADDRESS	28969 INFORMATION LN	
CITY-ST-ZIP	EASTON MD 21601	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	REARDON, KEVIN J	
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	EVP	<input type="checkbox"/> Delete
NAME	FISHER, VERLIN	
STREET ADDRESS	28969 INFORMATION LN	
CITY-ST-ZIP	EASTON MD 21601	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	CAO	<input type="checkbox"/> Delete
NAME	David C. Elmore	
STREET ADDRESS	28969 Information Lane	
CITY-ST-ZIP	Easton, MD 21601	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
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: *David C. Elmore*

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

Date

Daytime Phone #

10-3/02

CR2E083 (4/02)