

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M99000000778**

1. Entity Name  
**GANGSUM, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02




Principal Place of Business      Mailing Address  
48 IVY CHASE                      48 IVY CHASE  
ATLANTA GA 30342                ATLANTA GA 30342

2. Principal Place of Business      3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
City & State                              City & State

DO NOT WRITE IN THIS SPACE

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**58-2417588**      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

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

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**

9. MANAGING MEMBERS/MANAGERS      10. ADDITIONS/CHANGES

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

**500003399185--7**  
**-09/20/00--01022--012**  
**\*\*\*\*50.00**     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: *Curt Fenelon*      **REQUIRED**      **8/8/00**      **904-250-2235**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (5/00)