

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

'00 APR 29 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001088

1. Entity Name
CONNEXION MULTIMEDIA TECHNOLOGIES, L.L.C.

Principal Place of Business Mailing Address
4801 SOUTH UNIVERSITY DRIVE, STE #120 4801 SOUTH UNIVERSITY DRIVE, STE #120
DAVIE FL 33328 DAVIE FL 33328-3832



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
12277 SW 55th Street 12277 SW 55th St
Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste # 901 Ste # 901

City & State City & State
Cooper City, Florida Cooper City, Florida
Zip 33330 Country USA Zip 33330 Country USA

4. FEI Number 65-0932968 APPLIED FOR
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ROBERT
4801 SOUTH UNIVERSITY DRIVE, SUITE #120
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name Robert HARRIS
Street Address (P.O. Box Number is Not Acceptable)
12277 SW 55th St
Suite # 901
City Cooper City FL Zip Code 33330

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 Robert A Harris, Executive Director 3/20/2000
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/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLENNIUM 2000 TECHNOLOGIES, INC. 4801 SOUTH UNIVERSITY DRIVE, STE #120 DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John E. L. Miller 11005 Whitehawk St Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003256665--0 -05/18/00--01015--018 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert A Harris 3/20/00 (954) 2525728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)