2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P99000079717** 1. Entity Name 00 AUG 23 AM 10: 50 LAN LOGICS, INC. SECRETARY OF STATE TALLIANAS DEE. FUORIDA Principal Place of Business Mailing Address 4164 BOCAIRE BLVD. 4164 BOCAIRE BLVD. **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Apolied For 65-0 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELDMAN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 33 S.E. 4TH ST., STE. 102 **BOCA RATON FL 33432** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ∏ Addition Delete TITLE TITLE Road 7, Swife 300 NAME NAME LEVENTHAL, RICHARD T STREET ADDRESS 20283 STATE ROAD 7, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 38487 33498 TITLE Delete NAME SILVERMAN, JASON S NAME STREET ADDRESS STREET ADDRESS **20283 STATE ROAD 7, SUITE 300** CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 33498 ☐ Change TITLE ☐ Addition ☐ Detete TITLE NAME NAME 000003384430-STREET ADDRESS STREET ADORESS -09/06/00--01110--010 CITY-ST-ZIP CITY-ST-ZIP. ****150.00 ☐ Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a done so, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O







August 15, 2000

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314 Attn: Ms. Katherine Harris

Dear Ms. Harris:

I am writing to you today to inform you that our company, LAN Logics, Inc., incorporated in the state of Florida late last year. The attached document is the first piece of information that we have received thus far.

After discussions with our accountant, he informed us that the \$550.00 requested in this pamphlet includes a \$400.00 penalty which does not apply to us. Our enclosed check for \$150.00 should be sufficient. If you have any questions please feel free to contact me at the numbers listed below.

Jason S. Silverman

Co-CEO and President