

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90028 027 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000003001**

1. Corporation Name  
**DATA TREE CORPORATION LLC**



Principal Place of Business Mailing Address  
**550 WEST C STREET, SUITE 2040** **550 WEST C STREET, SUITE 2040**  
**SAN DIEGO CA 92101** **SAN DIEGO CA 92101**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip Country 29 Country 30

3. Date Incorporated or Qualified  
**05/27/1998 6/2/98**  
 4. FEI Number **33-0298550 33-081493** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 7. Trust Fund Contribution   
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

~~JACKSON, LISA~~  
~~2101 W. COMMERCIAL BLVD., SUITE 5350~~  
~~FT. LAUDERDALE FL 33309~~

**JEFFREY BROWN**

10. Name and Address of New Registered Agent

81 Name **Mr. Jeffrey Brown**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2101 W. Commercial Blvd. #5350**  
 83  
 84 City **Fort Lauderdale** FL 85 Zip Code **33309**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Jeffrey L. Brown* **2-24-99** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | CP                            | <input type="checkbox"/> DELETE            |
| NAME           | CHOPRA, HARISH K              |  |
| STREET ADDRESS | 550 WEST C STREET, SUITE 2040 |  |
| CITY-ST-ZIP    | SAN DIEGO CA 92101            |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | STRUNK, CARL A                |  |
| STREET ADDRESS | 550 WEST C STREET, SUITE 2040 |  |
| CITY-ST-ZIP    | SAN DIEGO CA 92101            |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | RICE, ROBERT F                |  |
| STREET ADDRESS | 550 WEST C STREET, SUITE 2040 |  |
| CITY-ST-ZIP    | SAN DIEGO CA 92101            |  |
| TITLE          | ST                            | <input checked="" type="checkbox"/> DELETE |
| NAME           | REYNOLDS, MICHAEL D           |  |
| STREET ADDRESS | 550 WEST C STREET, SUITE 2040 |  |
| CITY-ST-ZIP    | SAN DIEGO CA 92101            |  |
| TITLE          |                               | <input type="checkbox"/> DELETE            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> DELETE            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>William P. Dow</b>   |
| 2.3 STREET ADDRESS | <b>550 West C Street #2040</b>  |
| 2.4 CITY-ST-ZIP    | <b>SAN DIEGO CA 92101</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William P. Dow* SIGNATURE REQUIRED

2/17/99 619-231-3300  
 Date Daytime Phone #

CR2E034 (11/98)