



# State of California Secretary of State

L

## STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. **LIMITED LIABILITY COMPANY NAME** (Please do not alter if name is preprinted.)

Jamulian Home Web Projects, LLC

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

SEP 26 2008

This Space For Filing Use Only

**DUE DATE:**

**FILE NUMBER AND STATE OR PLACE OF ORGANIZATION**

2. SECRETARY OF STATE FILE NUMBER

200825510075

3. STATE OR PLACE OF ORGANIZATION

California

**COMPLETE ADDRESSES FOR THE FOLLOWING** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

2876 Pioneer Way

CITY AND STATE

Jamul

CA

ZIP CODE

91935

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

2876 Pioneer Way

CITY

Jamul

STATE

CA

ZIP CODE

91935

**NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY**

6. NAME	ADDRESS	CITY AND STATE	ZIP CODE
---------	---------	----------------	----------

**NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER** (Attach additional pages, if necessary.)

7. NAME	ADDRESS	CITY AND STATE	ZIP CODE
Douglas Lindsey	2876 Pioneer Way	Jamul	CA 91935

8. NAME	ADDRESS	CITY AND STATE	ZIP CODE
---------	---------	----------------	----------

9. NAME	ADDRESS	CITY AND STATE	ZIP CODE
---------	---------	----------------	----------

**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

Legalzoom.com, Inc.

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
---	------	-------	----------

CA

**TYPE OF BUSINESS**

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Internet membership senate reports.

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Barbara Fisher

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

*Barbara Fisher*  
SIGNATURE

Authorized Rep.

TITLE

09/17/08

DATE