

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
 1...Entity Name
 SHOT FILM, L.L.C. L00000003948

FILED
 01 JUN 28 AM 8:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 555 NE 15th STREET
 SUITE 100
 MIAMI, FL 33132

Mailing Address
 555 NE 15th STREET
 SUITE 100
 MIAMI, FL 33132

2. Principal Place of Business
 555 NE 15th STREET

3. Mailing Address
 555 NE 15th STREET

Suite, Apt. #, etc.
 SUITE 100

City & State
 MIAMI, FL

DO NOT WRITE IN THIS SPACE

Zip 33132 Country USA

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CUEVAS, ANDREW ESQ.
 CUEVAS & RUBIN, P.A.
 9200 SOUTH DADELAND BOULEVARD
 SUITE 603
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

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 _____ (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 AVELEDO, GENARO 555 NE 15 th STREET, SUITE 100 MIAMI, FL 33132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UZATEGUI, ANDRES EDUARDO 555 NE 15 th STREET, SUITE 100 MIAMI, FL 33132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERLEZZA, GEORGE MAISTO 555 NE 15 th STREET, SUITE 100 MIAMI, FL 33132 <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	<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	300004474963--5 -07/13/01--01818 Change 008 Addition *****50.00 *****50.00
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: _____ **MGRM** 6/27/01 (305)371-7208 x235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)