

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006692

1. Entity Name

2HOT ENTERTAINMENT LLC

FILED

01 JUL 23 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3913 NORTHEAST 21ST AVENUE  
FORT LAUDERDALE FL 33308

3913 NORTHEAST 21ST AVENUE  
FORT LAUDERDALE FL 33308

2. Principal Place of Business

4833 NE 23rd Ave

3. Mailing Address

Suite, Apt. #, etc. Same

Suite, Apt. #, etc. 6

City & State

City & State

Fort lauderdale FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33308

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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  
Due by September 26, 2001

100004500261--4

-07/26/01--01072--011

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  Delete  
NAME AZIZ, OZLEM  
STREET ADDRESS 3913 NORTHEAST 21ST AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE MGR  Change  Addition  
NAME AZIZ, OZLEM  
STREET ADDRESS 4833 NE 23rd Ave, No. 6  
CITY-ST-ZIP Fort lauderdale, FL 33308

TITLE MGR  Delete  
NAME LE-ROSEN, GLEN  
STREET ADDRESS 3913 NORTHEAST 21ST AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]*

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11 July 2001 (954) 829-8318

Date

Daytime Phone

CFR2083 (5/01)

STAPLE CHECK HERE