

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90219 036 \*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000019648**

1. Entity Name

**MS. UNDERSTOOD PRODUCTIONS L.L.C.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**2742 BISCAYNE BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

**2742 BISCAYNE BLVD.**

Suite, Apt. #, etc.

City & State  
**MIAMI**

City & State  
**MIAMI, FL.**

4. FEI Number

**90-0002479**

Applied For

Not Applicable

Zip **33137**

Country **USA**

Zip **33137**

Country **USA**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIRINO, NICOLLE M.  
 2742 BISCAYNE BLVD  
 MIAMI, FL 33137**

7. Name and Address of New Registered Agent

Name

**CHIRINO**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**MGRM  
 CHIRINO, NICOLLE M.  
 2742 BISCAYNE BLVD  
 MIAMI, FL 33137**

Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

Delete

TITLE  
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CITY- ST- ZIP

Change  Addition

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CITY- ST- ZIP

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TITLE  
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CITY- ST- ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*[Handwritten Signature]*

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

Date

**06/13/02 (305) 803-7827**

Daytime Phone #

CR2E083 (9/01)