
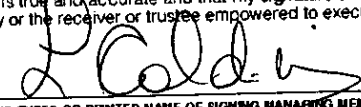


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91433 046 ***150.00

DOCUMENT # L02000030519						
1. Entity Name MCF PRODUCTIONS, LLC						
Principal Place of Business 2899 COLLINS AVE., STE 1017 MIAMI BEACH, FL 33140			Mailing Address 2899 COLLINS AVE., STE 1017 MIAMI BEACH, FL 33140			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 02-0652492		
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
Country			Country			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
CALDINI, LILIANA B 2899 COLLINS AVE., STE 1017 MIAMI BEACH, FL 33140			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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____			DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003						
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALDINI, LILIANA B			NAME		
STREET ADDRESS	2899 COLLINS AVE., STE 1017			STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, JORGE			NAME		
STREET ADDRESS	2899 COLLINS AVE., STE 1017			STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, HECTOR			NAME		
STREET ADDRESS	2899 COLLINS AVE., STE 1017			STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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: 				Date: 4/24/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #		

CR2E083 (10/02)