2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9300000265						FILED			
1. Entity Name BENCHMARK ENTERTAINMENT L.C.					DIVI	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
	•					FEB 22 PM 12: 10			
Principal Place of Business Mailing Address						rass this: 10			
2071 N DIXIE HWY 2071 N DIXIE HWY POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-4957									
7 51111 71110 02						. 1884 : 1 18 - 1848 - 1841 - 18 14	()	IA BIGAN ANN NASA	
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
MYPOLUXO Pr. EXY & State HYPOLUXO, FL					4. FEI Number 65-0433495 Applied For Not Applicable				
Zip 33 4	62 Country	33462	Coun	try (15A	5. Certi	ficate of Status Desired [□ \$5.00 A Fee Requi		
	6. Name and Address of Current			-Name	7. Nam	e and Address of New Regis	stered Agent		
KRESS, ALEXANDER F 2071 N DIXIE HWY.					Street Address (P.O. Box Number is Not Acceptable)				
					51 HYPOLUXO Kp.				
POMPANO BEACH FL 33060					4. POLUXO	· / ·	FL Zip	ple(1/2	
8. The above	named entity submits this statement to	r the purpose of changing its	register	l	-	or both, in the State of Florida		3462	
	The little	ALEXANOC		12655	-g	1/	18/2000		
SIGNATURE	argrander typed or printed name or registered agent a	7709	•	d Agent signature	required when reinstat	ing)	DATE		
FILE NOW!!! FEE IS									
		Make Check Pa	yable t	o Departmo	ent of State				
9. TITLE	MANAGING MEMBE	RS/MEMBERS	10. TITL			ADDITIONS/CH	ANGES Change	Addition	
NAME	KRESS, ALEXANDER F	— Dêrêrîs	NAM		26/0 SA	HARBOUR ISL	ow way		
STREET ADDRESS CITY-ST-ZIP	10040 EE DATE TO TOLE			ET ADDRESS - ST- ZIP	JUPITE	n FC 3345	8		
TITLE	MEM HALLIBURTON, RONALD D	☐ Delsta	TITL	I .	٥		Change	Addition	
STREET ADDRESS	951 FERN DRIVE		\$TRI	EET ADDRESS	W 3	3/2/00			
CITY- 8T- ZSP TITLE	DELRAY BEACH FL 33483 MEM	Detoto	TITL	- ST- ZIP E			Changa	Addition	
NAME STREET ADDRESS	JDJR, INC. 2071 N DIXIE HIGHWAY	ŕ	NAM STRE	ET ABDRESS		POLOXO RO.			
CITY- 8T- ZIP	POMPANO BEACH FL 33060		CITY	- ST- ZIP	HYPOLU	X0000346			
TITLE NAME		☐ Deteto	TITL			-03/87/0 *****50	00 199** -00 ****	+008******* *50.00	
STREET AODRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP		5			
TITLE		☐ Delets	TITL	9			Change	Addition	
NAME * STREET ADDRESS			NAM STRE	EET ADDRESS	r				
CITY- ST- ZIP			CITY	- \$T- ZIP	· -			Addition	
TITLE "		∟ Delata	NAM	iE	_		- Outening		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS					
indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall kaye.	the same	e legal effect.	as it made unde	r oath: that I am a managing	her certify that the member or manag	information ger of the	
limited lia	ibility company or the receiver of trustee	empowered to execute this	report as	required by	Chapter 608, Flo	orida Statutes.			
SIGNAT	TURE: SISMAT	Works	RH	LEXAL	voer h	1865 1/18/2m	(6/-3	75-0000	

Daytime Phone #