## 2001 UNIFORM BUSINESS REPORT (UBR)

	MENT # L9600	0000525							
1. Entity Name  CIVINS HILLER MULTIMEDIA, LLC						FILED			
	•					, in the second of the second	_		
Principal Place of Business Mailing Address				01 MAR 28 AM 8: 34					
1001 WEST ( FT. LAUDERD	1001 WEST CYPRESS CR FT. LAUDERDALE FL 333	1 WEST CYPRESS CREEK RD., SUITE 114 LAUDERDALE FL 33309			SECRETAR TALLAHAS	Y OF STATE SEE, FLORID	Ä		
							, 2)   8811  8811  8811  8811	CINE HEEL CHI IEC	
Principal Place of Business     3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	le	City & State			4. FEI 1	Number 65-0664317		Applied For	
Zip	Country	Zip Country			. 5. Certi	5. Certificate of Status Desired See Required			
	6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New Re			
		,		Name					
CIVINS, (	GARY I ST CYPRESS CREEK ROAD			· Street Addre	ess (P.O. Box N	lumber is Not Acceptable)			
	DERDALE FL 33309	·		-					
				City			FL Zip C	ode	
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or regi	istered agent,	or both, in the State of Flori	da.		
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature rec	quired when reinstati		DATE		
		FILE NO Make Check Pay		FEE IS \$50.0 o Departmer		500003:  -04/12  *****		:5 014 **50.00	
9.	MANAGING MEMB	L ERS/MEMBERS	10.	·		ADDITIONS/C			
TITLE	MGRM	☐ Delete	TITLE				☐ Chang	ge 🔲 Addition	
NAME STREET ADDRESS	CIVINS, GARY I 1001 W. CYPRESS CREEK RD.		nami Stre	ET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	<b></b>	-	-ST-ZIP				- Filler	
TITLE NAME	MGRM HILLER, ANATOL	☐ Delete	TITLE NAMI	1	,		Chang	ge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP	1001 W. CYPRESS CREEK RD. FT. LAUDERDALE FL 33309			ET ADDRESS ·ST-ZIP					
TITLE	7 7 2 10 2 41 107 104 1 4 0 0 0 0 0	☐ Delete	TITLE				☐ Chang	ge 🔲 Addition	
NAME STREET ADDRESS	<b>.</b>		NAME STRE	ET ADDRESS				•	
CITY-ST-ZIP	1 .			ST-ZIP					
TITLE NAME	¥ <sup>d</sup>	Delete	TITLE		•		☐ Chang	ge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP	•			ET ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE	<b>I</b>			☐ Chang	ge Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				☐ Chang	je 🔲 Addition	
STREET ADDRESS   City-St-zip				T ADDRESS ST-ZIP			bL		
11. I hereby c	ertify that the information supplied with	this filing does not qualify for that my signature shall have the	the exer	nption stated in	Section 119.0	7(3)(i), Florida Statutes. I fu	irther certify that th	e information	
limited liat	on this report is true and accurate and bility company or the received r trustee	empowered to execute this re	port as	required by Ch	napter 608, Flo	oam, maciriam a managini rida Statutes.	a member of mana	ger or the	
SIGNAT	IIRE. Solaci	Silver	<u> </u>	\$5 20		3-15-01	954-93	P-860a	
	SIGNATURE AND TYPED OR PRINTED NAME OF			 WTHORIZED REPR	ESENTATIVE	Date	Daytime Phone		