

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR -9 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # mq9000000497

1. Entity Name

MP Marketing of Florida LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Millennium Partners
3. Mailing Address c/o Millennium Partners, Corporate Compliance

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1995 Broadway

1995 Broadway

City & State
New York, NY

City & State
New York, NY

Zip

Country

Zip

Country

10023

USA

10023

USA

4. FEI Number
22-3643143

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Millennium Partners Management LLC
c/o Millennium Partners
1995 Broadway
New York, NY 10023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700005237127--8
-04/11/02--01014--001
****275.00 *****55.00

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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: Philip H. Lovett

Philip H. Lovett, Vice President 3/31/02

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

Date

Daytime Phone #

CR2E083B (2/01)