

5/8/2

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90072 034 \*\*\*\*50.00

**DOCUMENT # L01000020697**

1. Entity Name

TV CREATIONS, L.L.C. ✓

Principal Place of Business

ONE S.E. THIRD AVENUE, SUITE 2250  
MIAMI FL 33131

Mailing Address

ONE S.E. THIRD AVENUE, SUITE 2250  
MIAMI FL 33131

2. Principal Place of Business

Torre Banco Aliado, Piso 14

3. Mailing Address

Suite, Apt. #, etc.

Calle Ricardo Arias y Calle 51

Suite, Apt. #, etc.

City &amp; State

Panama, Rep. de Panama

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMKGS REGISTERED AGENTS, INC.  
2250 SUNTRUST INTERNATIONAL CENTER  
ONE S.E. THIRD AVENUE  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Member</del> <i>Managing Member</i> <input type="checkbox"/> Delete People International Films, Inc. Torre Banco Aliado, Piso 14 Calle Ricardo Arias y Calle 51 Panama, Rep. de Panama	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

04/19/2002 (305) 383-4599

CR2E083 (9/01)

Aballi  
Milne  
Kalil &  
Escagedo, P.A.

Counsellors at Law

June 7, 2002


Annual Reports Section  
Florida Department of State  
Division of Corporations  
PO BOX 6478  
Tallahassee, FL 32314

RE: TV CREATIONS, L.L.C. / L01000020697

Dear Sir/Madam:

Please find enclosed the Annual Report for the referenced company which has been corrected to indicate that the Member is a Managing Member in Block 9. The company is a disregarded entity for tax purposes and as initially indicated an FEI is not applicable.

Sincerely yours,

  
Arturo J. Aballi

cc. Joseph Yamamoto, Agent