

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90013 015 ****50.00

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DOCUMENT # L00000000597

1. Entity Name

RBR THE ENTERTAINMENT COMPANY, LLC



Principal Place of Business

**4207 TRANQUILITY DRIVE
HIGHLAND BEACH FL 33437**

Mailing Address

**7431 N. FEDERAL HIGHWAY
C-5 #288
BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

4207 Tranquility Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Highland Beach

Zip

Country

33487 FL

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0575560**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

Roland Berger

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

4207 Tranquility Dr

City

Highland Beach

FL

Zip Code

33487

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Roland Berger

04/07/2003

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 **P** ☐ Delete
NAME **BERGER, ROLAND**
STREET ADDRESS **4207 TRANQUILITY DRIVE**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

04/07/2003 561.542.4207

CR2E083 (10/02)