2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000890 1. Entity Name STUDIO X #3, L.L.C. Principal Place of Business Mailing Address						FILED OIFEB 16 PM 3:38			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc	Suite, Apt., #, etc.				DO NOT WRITE	N THIS SPACE	. 	 -
City & State		City & State			4. FEIN	4. FEI Number Applied For Not Applicable			
Zip Country		Zip	Coun	trý	5. Certif	icate of Status Desired	S5.00 Add Fee Require		
	6. Name and Address of Curre	nt Registered Agent		Nessa	7. Name	and Address of New Reg	istered Agent		-
DAVED TO	ADOLUM O D A			Name					
DAVID TORCHIN, C.P.A. 8211 WEST BROWARD BLVD., SUITE 200				Street Addres	s (P.O. Box N	(P.O. Box Number is Not Acceptable)			
	ION FL 33324-2726								
				City		c .	FL Zip Cod	е]
SIGNATURE	Signature, typed or printed name of registered age		10Wiii 1	d Agent signature requirement	0	79)	DATE		_
9.	MANAGING MEN	MBERS/MEMBERS	10.			ADDITIONS/CH	HANGES		1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LABOCK, JOSEPH 1351 NE MIAMI GARDENS DRIVE APT. 1123 MIAMI FL 33179						☐ Change	☐ Addition	F083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E Et address -St-Zip		8000037 -02/21/0 ******50)101118(S. C.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E ET ADDRESS -ST-ZIP				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1	· 		☐ Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	☐ Delete				·	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY	ET ADDRESS -ST-ZIP		W	☐ Change	Addition	
indicated	certify that the information supplied we on this report is true and accurate a bility company or the receiver or true. URE: SIGNATURE AND TYPED OR PRINTED NAM	nd that my signature shall have the empowered to execute this	e the same s report as	e legal effect as is required by Cha	if made under apter 608, Fid	roath; that I am a managing orida Statutes.	rther certify that the in member or manage	er of the	