

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001652

1. Entity Name

NEAR NORTH ENTERTAINMENT INSURANCE SERVICES, L.L.C.

Principal Place of Business

1840 CENTURY PARK EAST, SUITE 1100
LOS ANGELES CA 90067

Mailing Address

1840 CENTURY PARK EAST, SUITE 1100
LOS ANGELES CA 90067

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 95-4662941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE MGRM ☐ Delete
NAME SEGAL, MICHAEL PRES
STREET ADDRESS 1840 CENTURY PK EAST, SUITE 1100
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE MGR ☐ Delete
NAME TORNEDEN, ROGER CEO
STREET ADDRESS 1840 CENTURY PK EAST, SUITE 1100
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE MGR ☐ Delete
NAME TAYLOR, VANCE CFO
STREET ADDRESS 1840 CENTURY PK EAST, SUITE 1100
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 #

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90023 006 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)