

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92171 028 ****50.00

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-4662941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Not Filled*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/03**

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

TITLE **MANAGING DIRECTOR** ☐ Change ☒ Addition
NAME **DIANE BRINSON**
STREET ADDRESS **1840 Century Park East, #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 **MANAGING DIRECTOR** ☐ Change ☒ Addition
NAME **PAUL CAMPBELL**
STREET ADDRESS **1840 Century Park East, #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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

4/16/03

3105564717

Date

Daytime Phone #

CR2E083 (10/02)